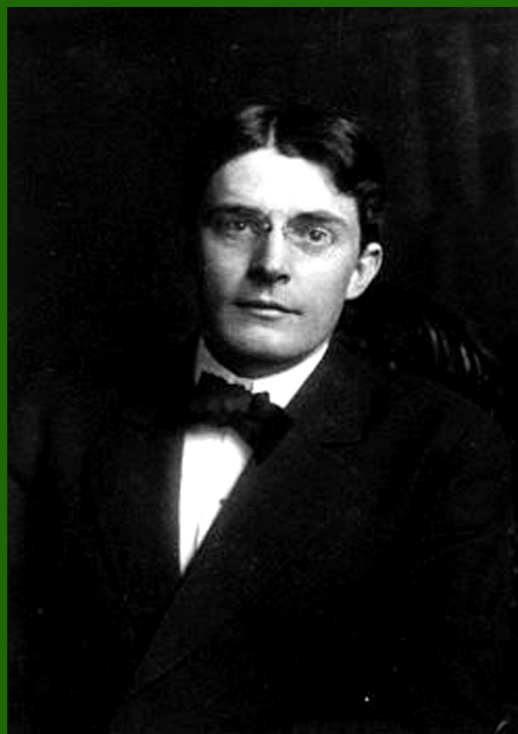




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



John B. Watson (1878-1958)

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Editor in Chief

Prof. Suresh M. Makvana, PhD

Editor

Ankit P. Patel

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Message from Editors

Welcome to **Volume 2, Issue 4**. Throughout this period, IJIP focused on improving our policies, format and facilities provided, keeping in mind our authors; because we love our authors and our authors love us!

Our main purpose is to put forward a variety of psychological ideas and researches to the world. We also aim to develop meaningful relationships with good publications around the world. We do this with the aim of providing advantage to us and to them. Some of the major publishers and institutes we have tried to connect to be **WHO, APA, Google Scholar, Academia, OAJI and Research Bible, Amazon, Google Play, iTune, etc.** We have also been given a chance to work with Publishing Police at a very low cost and high quality benefits.

IJIP has been rewarded with a No. 1 position with a score of **19.67** on the **Directory of Science** which lists the top 100 science journals throughout the world. Our **impact factor is 4.50**, evaluated by Index Copernicus International, from Warsaw, Poland.

In the following issue experts in varying fields of psychology have shared their ideas related to psychological problems and their solutions. We are grateful to these authors for allowing us to publish their researches and ideas in this issue. We would also like to thank other writes, and our beloved readers for providing a strong support and being a part of team.

Prof. Suresh Makvana, PhD*

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Person of the Issue: John B. Watson (1878-1958)

Ankit Patel¹

	January 9, 1878
Born	Travelers Rest, South Carolina
	September 25, 1958 (aged 80)
Died	New York City, New York
Nationality	American
Doctoral advisor	J. R. Angell ¹
Education	University of Chicago



John B. Watson grew up in South Carolina. While he later described himself as a poor student, he entered Furman University at the age of 16. After graduating five years later with a master's degree, he began studying psychology at the University of Chicago. Watson earned his Ph.D. in psychology in 1903.

Watson began teaching psychology at John Hopkins University in 1908. In 1913, he gave a seminal lecture at Columbia University titled *Psychology as the Behaviorist Views It*, which essentially detailed the behaviorist position.

According to John Watson, psychology should be the science of observable behavior. "Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness," he explained (1913).

¹Cilinal Psychology, Sardar Patel University, Gujarat

¹ Classics in the History of Psychology": "Watson obtained his Ph.D. under the supervision of Angell 1903.

Person of the Issue: John B. Watson (1878-1958)

Watson remained at John Hopkins University until 1920. He had an affair with Rayner, divorced his first wife and was then asked by the university to resign his position. Watson later married Rayner and the two remained together until her death in 1935. After leaving his academic position, Watson began working for an advertising agency where he remained until he retired in 1945.

During the later part of his life, John Watson's already poor relationships with his children grew progressively worse. He spent his last years living a reclusive life on a farm in Connecticut. Shortly before his death, he burned many of his unpublished personal papers and letters.

Contributions to Psychology

Watson set the stage for behaviorism, which soon rose to dominate psychology. While behaviorism began to lose its hold after 1950, many of the concepts and principles are still widely used today. Conditioning and behavior modification are still widely used in therapy and behavioral training to help clients change problematic behaviors and develop new skills.

Watson earned his Ph. D. from the University of Chicago in 1903. In his dissertation, "Animal Education: An Experimental Study on the Psychical Development of the White Rat, Correlated with the Growth of its Nervous System" he described the relationship between brain myelination and learning ability in rats at different ages. Watson showed that the degree of myelination was largely related to wand learning. He discovered that the kinesthetic sense controlled the behavior of rats running in mazes. In 1908, Watson was offered and accepted a faculty position at Johns Hopkins University and was immediately promoted to chair of the psychology department.

"Little Albert" experiment (1920)

In his most famous and controversial experiment, known today as the "Little Albert" experiment, John Watson and a graduate assistant named Rosalie Rayner conditioned a small child to fear a white rat. They accomplished this by repeatedly pairing the white rat with a loud, frightening clanging noise. They were also able to demonstrate that this fear could be generalized to other white, furry objects. The ethics of the experiment are often criticized today, especially because the child's fear was never deconditioned.

Person of the Issue: John B. Watson (1878-1958)

In 2009, researchers were able to identify Little Albert as a boy named Douglas Merritte. The question of what happened to the child had intrigued many for decades. Sadly, the researchers found that the child died at age six of hydrocephalus, a medical condition in which fluid builds up inside the skull.

In 2012, researchers presented evidence that Merritte suffered from neurological impairments at time of the Little Albert experiment and that Watson may have knowingly misrepresented the boy as a "healthy" and "normal" infant.

Timeline

Years	Happenings
9 Jan 1878	John B. Watson was born in Greenville, South Carolina.
1 Jan 1891	Watson's father left the family.
1 Jan 1894	Got acceptance from Furman University.
1 Jan 1899	Graduated from Furman University.
Jan 1 1900	Began studying at Chicago University.
Jan 1 1901	Watson majored in psychology and minored in philosophy and neurology at the University of Chicago.
Jan 2 1901	He married Mary Ikes.
Jan 1 1903	Graduated from Chicago University with a PhD in experimental psychology.
Jan 1 1905	Dr. Watson's first child, Mary, was born.
Jan 1 1905	Enrolled at John Hopkins University.
Jan 1 1906	Watson was hired as an instructor at the University of Chicago
Jan 1 1907	Watson was hired as an associate professor of psychology at John Hopkins University. (It was here that he became known as the Founder of Behaviorism.)
Jan 1 1914	He published Behavior: An Introduction to Comparative Psychology.
Jan 1 1914	Watson became the President of the American Psychological Association.
Jan 1 1916	Dr. Watson began his study on mental illnesses.
Jan 1 1919	Watson published Psychology From the Standpoint of a Behaviorists.

Person of the Issue: John B. Watson (1878-1958)

Jan 1 1920	Watson was dismissed from John Hopkins University
Jan 1 1920	He published the "Little Albert" Experiment.
Jan 1 1921	Moved to New York.
Jan 1 1924	Watson became Vice President of J Walter Thompson Agency.
	He published Behaviorism.
Jan 1 1928	Watson published the Psychological Care of Infant and Child.
Jan 1 1945	He retired as Vice President of William Esty Agency.
Jan 1 1957	John Watson was awarded the gold medal from the American Psychological Association for his contributions to the field of psychology.
Sep 25 1958	Watson died in New York City.

"Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select--doctor, lawyer, artist, merchant-chief, and, yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I am going beyond my facts and I admit it, but so have the advocates of the contrary and they have been doing it for many thousands of years."

–John B. Watson, Behaviorism, 1930

Achievements and Awards

- 1915 – Served as the President of the American Psychological Association (APA)
- 1919 – Published *Psychology From the Standpoint of a Behaviorist*
- 1925 – Published *Behaviorism*
- 1928 – Published *Psychological Care of Infant and Child*
- 1957 – Received the APA's award for contributions to psychology

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Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

Ms. Sukriti Mondal¹, Mr. Aniket Sutradhar²

ABSTRACT

The first lesson of a child's life is learnt at home. The family nurtures the individual and prepares him for his role and function in the society. Healthy parental relations in the home are a medium for making children into wholesome and adjustable personalities. These ongoing changes in the society have not only affected the thinking of people but has also changed the perceptions of people, their lifestyles, even the dimensions of anxiety have changed, now even the small children are facing different kinds of pressures, so adolescence which is considered an age of storm and strife is bound to have more pressures which affect their emotional maturity. The main objective of the topic is to find out the effect of home environment on different dimensions of emotional maturity of adolescents of Bilaspur District of Chhattisgarh. A sample size of 120 Adolescents was selected and taken up for the study. Home Environment Inventory by Karuna Shankar Mishra and Emotional Maturity Scale by Dr. Yasvir Singh & Dr. Mahesh Bhargava are used for the study. It is found that there is significant effect of home environment on all the dimensions of emotional maturity of adolescents.

Keywords: *Home Environment, Emotional Maturity, Adolescents.*

Home Environment stands for all those circumstances, which asset their influence on the child since conception to death. The first environment contact for a child is home, the development of child, inculcation of values and creating wholesome individuals all these functions are performed by the family which is the fundamental unit of human society. The first lesson of a child's life is learnt at home. The family nurtures the individual and prepares him for his role and function in the society.

Healthy parental relations in the home are a medium for making children into wholesome and adjustable personalities. In fact, home and parents play the most important part in laying the foundation of the child's personality, because they are the most influential part of child's environment.

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Parents are an essential part of their child's environment. Therefore, in order to foster caring, responsible and strong children, adults need to have a positive view of them and serve as role models for their children.

SIGNIFICANCE OF THE STUDY

The purpose of the present study was to study the emotional maturity among adolescents in the age group of 13 to 15 years and the various factors affecting it like self-esteem, home environment and mental health. The adolescents in this age group face many kinds of pressures at home and also outside. It is a globally accepted fact that during adolescence a child goes through a lot of changes physically, emotionally and socially. These changes have a great impact on them; they can either make or break an individual.

The family nurtures the individual and prepares him for his role and function in society. Consciously, or unconsciously the home environment moulds the behavior, personality, and attitude, level of aspiration, aptitude of the child. The emotional maturity is also affected by home environment and mental health, which means that these two factors also play an important role in shaping emotional maturity of an individual. The modern era of globalization and liberalization has not only changed the economy of our nation but also embarked a great revolution in the society and culture as a whole. These ongoing changes in the society have not only affected the thinking of people but has also changed the perceptions of people, their lifestyles, even the dimensions of anxiety have changed, now even the small children are facing different kinds of pressures, so adolescence which is considered an age of storm and strife is bound to have more pressures which affect their emotional maturity. Emotional maturity plays an important role in how an individual behaves at home, school and society.

Previous studies have shown that there exists a positive and significant relationship between emotional maturity and intelligence of student which implies that more intelligent the person is, more emotionally mature he is in the fast changing society home environment is changing, conflicting situation at home and outside disturbs the mental health also, weakens the adolescents psychologically and creates complexities in their social and familial relationships.

- i. Home environment serves as a foundation for early learning. As child's parent, you are her first teacher, and home is her first classroom. Creating a home environment that fosters learning can have a positive effect on your child's ability and desire to learn.
- ii. Learning Ability: Child's ability to learn is directly influenced by his learning environment. Children are better able to pay attention, absorb information and engage in learning if their brain is rested and their belly is full. So, this is very important to build their personal values.
- iii. Motivation: to decide how much effort and energy he/she will put into learning based on how much he values learning and education. Creating an environment where you can freely show interest in child's learning progress, communicate expectations and model learning can help to increase your child's motivation.

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

- iv. Attention Level: For a child to learn effectively, he/she must have some ability to sit still, pay attention and focus.
- v. Work Habits and Skills: To succeed in learning, your home environment must be conducive to developing solid work habits and study skills.
- vi. Maximizing Learning: Creating an environment that provides an opportunity for your child to explore her world can help to maximize learning.

Keeping this in mind, the investigator visualized a need to study emotional maturity and its relationship with home environment among adolescents.

STATEMENT OF THE PROBLEM

The problem for the present study is stated as follows:

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents –A Study

OBJECTIVES OF THE STUDY

- i) To study effect of home environment on emotional instability dimension of emotional maturity of adolescents.
- ii) To study effect of home environment on emotional regression dimension of emotional maturity of adolescents.
- iii) To study effect of home environment on social maladjustment dimension of emotional maturity of adolescents.
- iv) To study effect of home environment on personal disintegration dimension of emotional maturity of adolescents.
- v) To study effect of home environment on lack of independence dimension of emotional maturity of adolescents.
- vi) To study effect of home environment on emotional maturity of adolescents.

HYPOTHESES OF THE STUDY

H₀₁: There will be no significant effect of home environment on emotional instability dimension of emotional maturity of adolescents.

H₀₂: There will be no significant effect of home environment on emotional regression dimension of emotional maturity of adolescents.

H₀₃: There will be no significant effect of home environment on social maladjustment dimension of emotional maturity of adolescents.

H₀₄: There will be no significant effect of home environment on personal disintegration dimension of emotional maturity of adolescents.

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

H₀₅: There will be no significant effect of home environment on lack of independence dimension of emotional maturity of adolescents.

H₀₆: There will be no significant effect of home

METHOD

In the present study researcher has used survey method.

Sample

In this study, all the students of class X in the High schools of Bilaspur District of Chhattisgarh formed the population of the study. In order to collect the data for the present study 4 High schools were selected through random sampling techniques.

Tool used

In the present study, the tool used is-

1. Home Environment Inventory by Karuna Shankar Mishra
2. Emotional Maturity Scale by Singh & Bhargava

Data were collected individually. The scoring of responses was done in accordance with the scoring key given in the manual. Statistical treatment of obtained data was done to test signification of each hypothesis.

Statistical Techniques Used

The scores obtained were subject to statistical treatment using proper statistical techniques. For this purpose Mean, Standard Deviation, t- test, was used. The result so obtained are interpreted and discussed in the light of problem factors to make the result meaningful.

Variables

Independent variable: - Home Environment,

Dependent variable: - Emotional Maturity,

Intervening variable: - Students of class X in Secondary Schools.

ANALYSIS AND INTERPRETATION OF DATA

H₀₁: There will be no significant effect of home environment on emotional instability dimension of emotional maturity of adolescents.

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

Table - 01

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	4.432	45.293	238
Emotional Instability	120	25.33	6.52			

Above table shows that the t value 45.293 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on emotional instability dimension of emotional maturity of adolescents.

H₀₂: There will be no significant effect of home environment on emotional regression dimension of emotional maturity of adolescents.

Table - 02

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	4.45	45.166	238
Emotional Regression	120	25.1	8.07			

Above table shows that the t value 45.166 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on emotional regression dimension of emotional maturity of adolescents.

H₀₃: There will be no significant effect of home environment on social maladjustment dimension of emotional maturity of adolescents.

Table - 03

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	4.447	45.372	238
Social Maladjustment	120	24.31	7.63			

Above table shows that the t value 45.372 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on social maladjustment dimension of emotional maturity of adolescents.

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

H₀₄: There will be no significant effect of home environment on personality disintegration dimension of emotional maturity of adolescents.

Table - 04

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	4.453	45.309	238
Personality Disintegration	120	24.3	8.07			

Above table shows that the t value 45.309 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on personality disintegration dimension of emotional maturity of adolescents.

H₀₅: There will be no significant effect of home environment on lack of independence dimension of emotional maturity of adolescents.

Table - 05

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	4.431	46.352	238
Lack of Independence	120	20.71	6.39			

Above table shows that the t value 46.352 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on lack of independence dimension of emotional maturity of adolescents.

H₀₆: There will be no significant effect of home environment on emotional maturity of adolescents.

Table - 06

Category	N	Mean	SD	S _{ED}	t-test Value	Df
Home Environment	120	226.1	48.11	5.275	20.175	238
Emotional Maturity	120	119.6	32.00			

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

Above table shows that the t value 20.175 is significant at the 0.05 level and 0.01 level. Hence, the null hypothesis stated above is rejected. It means; there will be significant effect of home environment on emotional maturity of adolescents.

FINDINGS

On the basis of result and discussions, the following findings were found:

- (i) There will be significant effect of home environment on emotional instability dimension of emotional maturity of adolescents.
- (ii) There will be significant effect of home environment on emotional regression dimension of emotional maturity of adolescents.
- (iii) There will be significant effect of home environment on social maladjustment dimension of emotional maturity of adolescents.
- (iv) There will be significant effect of home environment on personal disintegration dimension of emotional maturity of adolescents.
- (v) There will be significant effect of home environment on lack of independence dimension of emotional maturity of adolescents.
- (vi) There will be significant effect of home environment on emotional maturity of adolescents.

SUGGESTIONS

The investigator's work is complete only when some positive suggestions are put forth after the analysis of the problem. The following suggestions are worth mentioning to strengthen the finding obtained:

■ To Home Members

- a. Provide a safe and loving home environment.
- b. Create an atmosphere of honesty mutual trust and respect.
- c. Support and guide properly.
- d. Do not expect unreasonable achievement.

Home environment plays an important role and the present study revealed that the increase of control at home can cause a hindrance in their independence, as children in this age want independence and to explore the world. Parents should provide more rewards, nurturance and permissiveness and should allow the adolescent to express his views freely. There should be a provision of opportunities with no interference from parents, which may help in proper development of the child. Parents should try to avoid the factors that can cause stress and frustration in the adolescents like punishment, deprivation of privileges, and rejection etc. This

Effect of Home Environment on Different Dimensions of Emotional Maturity of Adolescents

implies that conditional love of parents for the child and imposing sanctions on children by isolating them from the beloved ones or putting their (parents) expectations to comply by their actions is in-fact detrimental for a child's harmonious development.

Parents who are democratic in their dealings with children and provide reasonable freedom to them can pave a path for making their wards emotionally mature.

Counselors or school administrators or teachers who face problems with adolescents like aggression, depression or use of drugs, can also be benefited by the findings of this study. It is evident that home environment plays an important role but the emotional maturity of adolescents.

Students should be involved in activities that enhance the ability to think with maturity. The present study has given a clear picture of the current situation to help and identify the factors responsible for creating problems in the life of adolescents and how they can be helped.

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Cognitive Emotional Regulation: In the Context of Breast Cancer

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ABSTRACT

Internal resources are likely to have great brunt on embracing different type of coping strategies among those who have encountered negative experiences/events in life like diagnosed with cancer. Among these coping strategies is cognitive emotion regulation. There were 44 breast cancer patients selected as sample of study from the cosmopolitan city of Hyderabad. The objective of the study was to determine if there was a difference between younger and older women suffering with breast cancer undergoing treatment with respect to cognitive emotion regulation. To determine if there is a difference between employed and not employed women suffering with breast cancer undergoing treatment with respect to cognitive emotion regulation. The instrument used in the study is cognitive emotion regulation questionnaire. Analysis of the obtained results shows that there was significant difference between younger and older women with cancer, with reference to the dimension of rumination. There were significant differences between employed and unemployed women suffering with breast cancer undergoing treatment with respect to only focus on planning. This would propose modifications in intervention studies and tailor make them according to stressors instead of personal variable of age and consider their role behaviors related to their occupational status.

Keywords: *negative life events, cognitive emotional regulation, breast cancer.*

Human beings position themselves on various stages of the continuum of wellbeing i.e. between health and illness. Given the nature of illness, unlike the early 19th century when the communicable diseases created menace, in the present scenario the debacle of non communicable diseases is prominent. One such non communicable disease which is claiming several lives worldwide is 'cancer'. At present, the second leading disease is cancer which leads to death in most of the cases. According to National Cancer Institute, "cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues." Cancer is a disease caused by an uncontrollable division of abnormal cell in a part of the body.

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Cancer is not just one disease but have a number of diseases under its broad heading and usually are named using the name of the organ which is affected for example(lung cancer, breast cancer ,colon cancer). The National Cancer Institute has broadly classified cancer into five types. They are carcinoma, sarcoma, leukemia, lymphoma and myeloma, central nervous system cancer.

There are various types of cancer but the diseases begin from a single cell which is the primary unit in the body and form a mass which is known as tumor. Cancer figures among the leading cause of death worldwide, accounting for 8.2 million deaths in 2012 (Globocan 2012, IARC). According to American Cancer Society there are 76 types in cancer and the second most common is breast cancer. National Cancer Institute defines breast cancer as a type of cancer that forms in the breast tissues and has mainly three types in which the most common one is ductal carcinoma which embark from the lining of milk ducts which carry milk from the lobules of the breast to the nipple. The next type of breast cancer is lobular carcinoma which affects the lobules and the last type of breast cancer is invasive breast cancer in this type the cancer spreads from the lobules to the surrounding normal tissues. It is one of the most common cancers in women and is rapidly increasing. It has been reported that every year over 1.15 million women worldwide are diagnosed with breast cancer and 502,000 die from this diseases (WHO, 2014).

There are many changes in the body with breast cancer both the major noticeable change is a lump or mass that feels different from the other breast tissues. 80% of the breast cancers are out in the open when women feel this lump (Merck manual of diagnosis therapy 2005). There can be other signs also rather than the lump like rashes on the breast, the nipple becomes inverted, skin dimpling, change in skins color or the texture of the skin may also change or discharge of clear or bloody fluid from the nipple (Watson 2008). There are some other symptoms also like itching, pain, redness etc. The key risk factor of breast cancer is women and old age (Reeder & Vogel 2008). There are some other factors like overweight, drinking alcohol, using hormone replacement therapy, taking birth control pills, not having children, or having children after 35 years of age, not breast feeding children and so on. In most of the women, breast cancer leads to death.

Cancer is a disease that spreads to the different parts of the body and has basically four stages. According to the American Cancer Society (2014) staging is “the severity of a person’s cancer based on the size and/or extend (reach) of the original (primary) tumor and whether or not cancer has spread in the body.” though there are even men who are diagnosed with breast cancer but their number when compared to women is very less. Breast cancer is an extremely stressful event and often is accompanied by the experience of distressing symptoms and psychological immobility (Cella, Mahon & Donovan, 1990). This disease not only affects physically but also affects psychologically. Individuals with breast cancer have lot of problems in coping with the disease they also have anxiety and some cancer survivors also go in depression.

Detection of cancer and living with cancer and undergoing the treatment is stressful for the individuals and their care takers. Given such a stressful life event this beckons coping specifically adaptive coping. However, maladaptive coping like denial is found high in cancer patients. It is important that adaptive coping which includes both cognitive and emotion coping strategies is effective in coping with stressful events like cancer.

Emotions are strong elements that influence the individual's decision making, their daily activities and eventually their behaviors. "An emotion is a complex psychological state that involves three distinct components: a subjective experience, a physiological response, and a behavioral or expressive response." (Hockenbury & Hockenbury, 2007). Emotion is a subjective, conscious experience distinguished primarily by psycho physiological expressions biological reactions and mental states. Emotions to a very great extent regulates our lives. Emotions have the capacity to influence our decision making process. They interact with our mood, character, and personality. Emotions can be classified in many ways. Ekman (1972) put forward six basic emotions which are fear, disgust, anger, surprise, happiness, and sadness. However, the term "emotion" is hard to define and even more rigid to understand completely. The experiences of emotions are dynamic; the interplay between emotions takes place when one fades and the other becomes prominent. Given such a dynamic nature of emotions, there requires the ability to regulate one's emotions timely and appropriately.

"Emotion regulation is a conscious or unconscious control of emotion, mood or affect" (**Van der Wal & Kowalczyk**, 2013). Emotional regulation refers to all the strategies that are used to reduce, increase, or maintain emotion (Gross, 2001). It is a process through which human beings sort out or filter their emotions. Emotions vary from culture to culture and also from situation to situation. Therefore this emotion regulation is also connected with the culture and situation of the individual. Gross (1998) defines the ideas of emotional regulation as "the process by which individuals influence which emotion they have, when they have them, and how they express these emotions." As stated by this definition individuals have complete control over their emotions and can regulate their emotions consciously as well as unconsciously. Emotion regulation has both positive as well as negative outcomes. How a person regulates his/her emotions describes his/her ability to relate and regulate the social interaction. Emotion regulation is in different levels in different individual. Emotion regulation largely depends on emotional intelligence. Through emotional intelligence one can identify and manage their own emotions as well as others emotions. Emotion regulation is presumed to be a major factor in determining well being and/or successful functioning (Cicchetti, Ackerman & Izard, 1995; Thompson, 1991). The effort to regulate one's emotions requires the role of cognition. The reason being the effect of emotions can be overwhelming and at times hindering daily functioning. Thus, cognition helps in understanding the emotion, cope with it and regulate it.

Cognitive and biological approaches to psychology have often been used in understanding how we experience emotions. The word 'cognitive coping' is used interchangeably with the term

‘cognitive emotion regulation’. Both these concepts can be understood as a cognitive way of organizing the intake of emotionally exciting information (Thompson, 1991). “Cognitive emotion regulation refers to the conscious, cognitive way of handling the intake of emotionally arousing information” (Garnefski, Raaij, & Spinhoven, 2001; Thompson, 1991). Cognitive emotion regulation is a process in which we regulate our emotions by either changing the way we think about a particular situation or by satisfying the demand which the situation poses and alters the emotional impact. It is a part of cognitive coping and falls under the broader concept emotional regulation. (Gross, 1999; Thompson, 1994) defines cognitive emotion regulation as “all the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features”. Cognitive emotion regulation or cognitive reappraisal is a coping strategy but very different strategy. Like other strategies’ it does not deal with the environment or with the physical and emotional response but concentrates in an individual’s perception of a situation.

It is appropriate to be studied in the situation like cancer where instead of external factors, the individual’s perception is the most appropriate to managed healthily.

Thus, it is important that to cope with life stressors like living with cancer there needs to assess their coping in terms of adaptive coping strategies like cognitive emotional regulation. The coping style and strategies tend to age as age progresses, since maturity may play a role in their perception. In addition to age, occupational status of being employed or unemployed plays an important role. As in the former, fitness to get to work can pose an additional threat and the case of latter, financial dependency on the other earning family members is a cause of concern. Since there is paucity of studies in such realm, it requires to be further explored, which is the objective of the present study.

OBJECTIVES

- a) To determine if there is a difference between younger and older women suffering with breast cancer undergoing treatment with respect to cognitive emotion regulation.
- b) To determine if there is a difference between employed and unemployed women suffering with breast cancer undergoing treatment with respect to cognitive emotion regulation.

METHOD

Design

The present research is a quantitative study and has adopted a between group design to assess the differences in cognitive emotion regulation and its 9 dimensions (*viz., acceptance, self blame, positive refocusing, positive reappraisal, putting into perspective, rumination, catastrophizing, and other blame*) 44 women with breast cancer patients residing in the metropolitan city of Hyderabad .

Participants

A purposive sampling method was used to collect the sample of 44 women suffering from breast cancer undergoing treatment. The sample was divided into two age groups and the patients were between the age group of (N=26) 45-55 years and (N=16) 60-70 years from the metropolitan city of Hyderabad. There were 22 employed and 22 unemployed. Participants with 2nd and 3rd stage were included. Patients with 4th stage breast cancer were excluded

Instruments

Cognitive emotion regulation questionnaire (CERQ) a standardized questionnaire is used in this study which measures cognitive coping strategies after negative events or experiences. The questionnaire has been developed by Garnefski, Raaij & Spinhoven (2001). It uses a likert-scale with 5 answer – choices which were almost never, sometimes, regularly, often, almost always. It is a multi-dimensional questionnaire. It makes a distinction between peoples thoughts and real actions. It consists of 9 subscales and 36 items and is a self – report questionnaire. *Rumination, self-blame, acceptance, positive refocusing, blaming others, refocus on planning, positive reappraisal, putting into perspective, and catastrophizing.* The questionnaire has good factorial validity and high reliabilities, with Cronbach's α s ranging between .75 and .85.

Procedure

At the outset, hospitals were selected and permission was sought from the management of the respective hospitals to recruit the participants. Participants i.e. the breast cancer patients undergoing treatment were approach for study. Informed .consent was taken from the participants prior to the administration of questionnaire.

RESULTS

To analyze the results of the present study descriptive statistics like Mean and SD and inferential statistics like t test were used.

Table 1: Demographic details of the women suffering with breast cancer and undergoing treatment.

NO	Characteristics	N
1.	Sex	
	Females	44
2.	Education	
	Illiterates	4
	School	22
	Intermediate	5
	Graduates	9
	Post Graduates	3
3.	Occupation	
	Employed	22
	Unemployed	22
4.	Age Group	
	45-55	26
	60-70	18
5.	Marital Status	
	Married	44
	Unmarried	0

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Table 2 Mean, Standard deviation and t-ratio of women suffering from breast cancer and undergoing treatment divided into two age groups.

Variables	Age group				t (42)
	45-54		60-69		
	M	SD	M	SD	
Self blame	9.69	3.52	9	3.41	0.65
Acceptance	12.15	3.06	12.06	2.82	0.99
Rumination	11.88	2.63	10.17	2.64	2.12*
Refocus on planning	10.5	3.02	11.83	2.28	1.58
Positive refocussing	11.69	4.25	11.67	3.96	0.02
Positive reappraisal	12.38	4.42	13.28	3.27	0.73
Putting into perspective	12.19	3.21	12.17	4.13	0.02
Catastrophizing	11.73	3.79	9.56	3.11	2.00
Other blame	7.35	3.52	6.78	3.67	0.52

Note. *:p>0.05

The results indicate that mean, standard deviation and t ratio of Cognitive emotion regulation of Women with breast cancer between the two groups is not significant apart from rumination (t(42)= 2.12, p<0.01) which illustrate significant difference between the two groups.

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Table 3 Mean, Standard deviation and t-ratio of women with breast cancer undergoing treatment divided into employed and unemployed.

Variables	Occupation				
	employed		unemployed		t (42)
	M	SD	M	SD	
Self blame	9.61	4.02	11	2.94	1.31
Acceptance	12.22	2.88	12.04	2.9	0.24
Rumination	11.83	2.67	10.73	2.64	1.37
Refocus on planning	12	2.62	10.38	2.66	2.04*
Positive refocussing	11.89	3.97	11.54	4.08	0.34
Positive reappraisal	13.39	3.73	12.31	4	0.93
Putting into perspective	13.22	3.47	11.46	3.39	1.70
Catastrophizing	11.11	3.03	10.65	3.95	0.43
Other blame	7.89	3.97	6.58	3.04	1.23

Note. *:p>0.05

The results in the above table reveal that there is a significant difference between the employed and unemployed women suffering with breast cancer and undergoing treatment with respect to refocusing on planning ($t(42) = 2.04$, $p < 0.05$) when compared to other dimensions which are not significant.

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Table 4: showing the correlation within the 9 dimensions (i.e. *Rumination, self-blame, acceptance, positive refocusing, blaming others, refocus on planning, positive reappraisal, putting into perspective, and catastrophizing*) of cognitive emotion regulation

	Self blame	Accept ance	Rumina tion	Refocu s on plannin g	Positive refocuss ing	Positiv e reappr aisal	Putting into perspect ive	Catas troph izing	Oth er bla me
Self blame	1.00								
Acceptance	0.38*	1.00							
Rumination	0.29	0.44**	1.00						
Refocus on planning	-0.16	0.06	0.18	1.00					
Positive refocussing	-0.10	-0.24	0.13	0.26	1.00				
Positive reappraisal	-0.19	-0.17	0.03	0.34*	0.46**	1.00			
Putting into perspective	0.09	0.26	0.25	0.48**	0.03	0.17	1.00		
Catastrophizing	0.00	0.41**	0.40**	0.17	-0.22	0.03	0.57**	1.00	
Other blame	-0.30	0.07	-0.07	0.27	-0.34	0.01	0.29	0.42*	1.00

Note. *:p>0.05. **:p>0.01

Analysis of the obtained results illustrate that there are significant positive correlation within the dimensions of cognitive emotion regulation. There is a significant correlation between self-blame and acceptance ($r = 0.38$), acceptance and rumination ($r = 0.44$), refocus on planning and positive reappraisal ($r = 0.34$), positive refocusing and positive reappraisal ($r = 0.46$), refocus on planning and putting into perspective ($r = 0.48$), acceptance and catastrophizing ($r = 0.41$), rumination and catastrophizing ($r = 0.40$), putting into perspective and catastrophizing ($r = 0.57$), and catastrophizing and other blame ($r = 0.42$).

DISCUSSION

The purpose of the study was to investigate whether there were significant differences between the younger and older women suffering from breast cancer and undergoing treatment with respect to cognitive emotion regulation. The second objective of the study was whether there were significant differences between the employed and unemployed women suffering with breast cancer undergoing treatment with respect to cognitive emotion regulation.

Analysis of the obtained results shows that there are no significant differences between the mean score of younger and older women suffering from breast cancer undergoing treatment with respect to cognitive emotion regulation except for rumination. There was significant difference between younger and older women with cancer, with reference to the dimension of rumination. Rumination was found to be high in younger women than older women with cancer. This finding is consistent with the study that stated that older people have less ruminative thinking than other younger age groups (Sütterlin, Paap, Babic, Kübler, & Vögele, 2012).

Except for the dimension of rumination, with reference cognitive emotional regulation there were no age related difference. Which may imply that age is playing a minimal role in coping with stressor. It also implies that having a common stressor-cancer, age related coping strategies are replaced with stressor related coping strategies.

The results also reveals that there was significant differences between employed and unemployed women suffering with breast cancer undergoing treatment with respect to only focus on planning. Focus on planning was found to be high in employed women when compared to unemployed women. This implies that working women experience the exposure to planning in their work settings. Such planning that includes both short term and long term planning and the strategic planning according to one's assets and liabilities.

The findings also revealed that older and younger women mostly used the adaptive techniques of coping strategies like *acceptance*, *positive reappraisal*, *putting into perspective* and rarely used the non adaptive techniques like *self blame*. Both the groups did not use the technique of *others blame* which classically is a non adaptive technique similar results were found in a research study done on hardiness and optimism as moderators of the types of cognitive emotion regulation strategies among adolescents who had encountered negative life events (Subranian & Nithyanandan 2008). Similar results were found in a study done on breast cancer (Wrang, Yo, He, Che, Li, Yang & Shu 2013).

A research study on psychological coping strategies in cancer patients shows that though there are few studies on alliance between coping strategies and cancer commencement but psychological intervention has a significant effect on the quality of lives of cancer patients (Sparch & Sostaric, 2004). Another research study done on how do cancer patients manage unattainable personal goals and their emotions showed that reorganize meaningful goals and

focusing on pleasant issues and psychological intervention were associated with more positive affect (Schroevers, Kraaij & Garnefski, 2008).

Analysis of the obtained results showed that women who were employed mostly tend to blame themselves when compared to the unemployed women. The mean of adaptive techniques like *refocusing on planning*, *positive reappraisal* and *putting into perspective* were higher in employed women when compared to unemployed women. Both the groups did not use *other blame* technique as copying technique which is typically a non adaptive technique.

Results also revealed that there was significant correlation in some dimension of cognitive emotion regulation. There was a significant correlation between acceptance and self blame, rumination and self blame, rumination and acceptance, positive reappraisal and refocusing on planning, positive reappraisal and positive refocusing, putting into perspective and refocusing on planning, catastrophizing and acceptance, catastrophizing and rumination, catastrophizing and putting into perspective, other blame and putting into perspective, and other blame and catastrophizing. The intercorrelation implied the internal consistency of the tool when used for Indian population.

Cognitive emotion regulation appears to play an important role in cancer patient's psychological well-being. Implementing appropriate intervention during the early stages of treatment can build adequate adapting coping strategies in women with breast cancer which will have a positive affect on their treatment. Such interventions should be tailor made, keeping in mind the stressor instead of personal variables like age. Because the present study findings state that age related difference is not significant to the coping strategies used. In addition, such interventions should consider the occupational status of the individuals too. For better wellbeing of cancer patients, steps must be taken for them to adhere to treatment regimen, persevere the treatment procedure, and maintain one's adaptive coping and regulate their emotions cognitively.

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HIV/AIDS awareness among Female Sex Workers

Dr. Archana Shukla¹, Deepti Mehrotra²

ABSTRACT

Context / background: The present study endeavours to cast a glance at HIV/AIDS awareness among Female Sex Workers in CREATE (Centre for Rural Entrepreneurship and Technical Education) at Lucknow.

Aim: To explore HIV/AIDS awareness among female sex workers.

Methods: An ex post facto research with an exploratory orientation was conducted, on 50 female sex workers selected on the basis of purposive sampling (age ranged 20-30 years). An effort was made to identify the level of awareness among female sex workers through self devised questions. Percentage analysis was done.

Results: Results revealed that majority of female sex workers were aware of HIV/AIDS, STD, their causes and preventive aspects.

Conclusions: Though the picture seemed somewhat positive yet it is pathetic that almost half of the sample seemed either confused or unaware of the essential concepts regarding HIV/AIDS.

Keywords: Female sex worker, HIV/AIDS, STD, prostitution.

Human immunodeficiency virus infection / acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV) **Sepkowitz (2001)**.

India has the third largest number of people living with HIV/AIDS. As per the 2008-09 HIV/AIDS estimates, there are an estimated 23.9 lakh people currently living with HIV/AIDS in India with an adult prevalence of 0.31 percent in 2009 **www.nacoonline.org (2012)**

Based on HIV/AIDS Sentinel Surveillance 2008-09, it is estimated that 23.9 lakh people are infected with HIV/AIDS in India, of whom 39% are female and 4.4% are children. Though the estimates highlight an overall reduction in adult HIV/AIDS prevalence and HIV/AIDS incidence (new infections) in India.

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HIV/AIDS awareness among Female Sex Workers

Adult HIV/AIDS prevalence at national level has declined from 0.41% in 2000 to 0.31% in 2009. The estimated number of new annual HIV/AIDS infections has declined by 56% over the past decade from 2.7 lakh new infections in 2000 to 1.2 lakh in 2009.

HIV/AIDS epidemic in India is concentrated in nature. The HIV/AIDS prevalence among the High Risk Groups..

High Risk Groups (HRG)

1. Female Sex Workers (FSW)
2. Men who have Sex with Men (MSM)
3. Transgender (TG)
4. Injecting Drug Users (IDU)

Bridge Populations

1. Truckers
2. Migrants

FSW populations in most countries are highly vulnerable to HIV/AIDS infection, female sex workers have been linked with the HIV/AIDS epidemic since its onset, due to the nature of their work. In India, sexual transmission is responsible for 87.4 percent of reported HIV cases and HIV prevalence is high among sex workers (both male and female) and their clients. A large proportion of women with HIV appears to have acquired the virus from their regular partner who was infected during paid sex. Overall HIV prevention efforts targeted at sex workers are increasing in India. HIV information and awareness among sex workers appears to be low, especially among those working in the streets. This intrigued the researcher to take up this topic for the research.

“Prostitution is the business or practice of engaging in sexual relations in exchange for payment” - Merriam - Webster Dictionary (2013).

Prostitution is sometimes described as commercial sex. Each country has its own legal status on prostitution from being permissible but unregulated, to an enforced or unenforced crime or to a regulated profession. **The Fondation Scelles (2012)** has released its latest report on Sexual Exploitation which states that at this given moment there are 40-42 million prostitutes at work, which is more than the population of Australia and Canada. A cursory glance at the Indian scenario.

• Indian Scenario

Presently there are an estimated 3 million women working as prostitutes in India. 1.2 million of the sex workers are under the age of 18. The average age that a girl enters the sex trade in India is reported to be between 9 and 12 years old. The human trafficking industry in India is estimated to generate \$4 Billion a year **MacAskill and Pradhan 2013.**

HIV/AIDS awareness among Female Sex Workers

Sex work in India is neither legal nor illegal it is tolerated since prostitutes can practice their trade privately but cannot legally solicit customers in public. They come across problems in all walks of life as they are being abused physically and mentally. Sex workers are unable to get help from police in situations where they are victims of violence.

Sex workers in India are discriminated against within public services and subjected to violence from clients, brokers, brothel owners, family members and police. The situation is exacerbated by laws that criminalize sex work that push them on the streets, into unsafe and vulnerable situations for example transmission of HIV/AIDS.

The life of the female sex workers seemed to be seriously threatened in many aspects. There is a high need for the Health Professionals to be sensitive to develop empathy and to provide a platform for the female sex workers to make them empowered and assertive. With all the reasons, necessity of exploring the HIV/AIDS awareness among the female sex worker was felt.

A string of questions emerged in the mind while going through the problems of FSW viz. How much aware they are of HIV/AIDS and to what extent this awareness plays a role into their day-to-day working as FSW? Do they know how HIV/AIDS spreads and what are the preventive measures? Do they use precautions? Do they use precautions with their regular partner?

This intrigued the researcher to take up the present research. The present study is an attempt to give a directional view of the situation of female sex workers and providing an answer to some of the selective and significant questions.

METHOD

Purpose

Explore the awareness of HIV/AIDS among female sex workers.

Design

The present study is an ex post facto research with exploratory orientation.

Sample

The participants for the present study comprised of 50 female sex workers selected on the basis of purposive sampling from N.G.O CREATE (Centre for Rural Entrepreneurship and Technical Education) at Lucknow. They were within the age group of 20-30 years; beside most of them were married and semi literate.

Measurement Tool

A self devised questionnaire was used that comprised of 10 items.

Procedure

For developing an interview schedule first all the information from local, national and international sources were scanned. Before starting the main administration permission was sought from the head of the organization besides only those participants were included in the

HIV/AIDS awareness among Female Sex Workers

study which were willing and which gave their consent for the present study. A pilot study was done to get ease with the procedure of data collection as well as to get a prior glimpse of the problems to be faced during the actual data collection. For this purpose, a study was done on a sample of 10 female sex workers. Slight modifications were done in terms of language of the questions.

Data Analysis

For the better understandings of the questions, all the questions were asked in Hindi that is the local language of the respondents:

1. What is HIV/AIDS?
2. What is the difference between HIV and AIDS?
3. How HIV/AIDS spreads?
4. When is world AIDS day?
5. How to identify HIV/AIDS?
6. What is the HIV/AIDS virus life expectancy in human body?
7. How HIV/AIDS transmits to others after being infected?
8. What is the duration of HIV/AIDS testing?
9. Do you know about free testing of HIV/AIDS?
10. How to prevent HIV/AIDS?

RESULTS AND INTERPRETATION

The schedule was designed to study the level of HIV/AIDS awareness among the Female Sex Workers. The schedule contained 10 questions. The following table gives a detail description of the responses given for each question given in the schedule:

1. Meaning of HIV/AIDS

Table: 1 Meaning of HIV/AIDS

Yes	No
56.66%	43.33%

The above table: 1 shows the meaning of HIV/AIDS. The responses show that 56.66% of the respondents knew what is HIV/AIDS By answering HIV/AIDS is a virus whereas 43.33% of the responses were the sex workers who were either confused between the responses or did not had any idea about what HIV/AIDS means.

2. Difference between HIV and AIDS

Table: 2 Difference between HIV and AIDS

Yes	No
60%	40%

Table 2 reveals the knowledge of FSW about difference between HIV and AIDS. The responses show that 60% of the respondents knew that HIV and AIDS are different things I.e. HIV is a virus because of which AIDS spreads whereas 40% of the responses believed that HIV and AIDS are same.

3. Means through which HIV/AIDS Spreads

Table: 3 Means through which HIV/AIDS Spreads

Yes	No
53.33%	46.66%

The above table shows the awareness level of Female Sex Workers about how HIV/AIDS spreads? The responses show that 53.33% of the respondents knew what were the means through which HIV/AIDS spreads? I.e. HIV/AIDS spreads through unsafe sex, reuse of syringes, from mother to child and infected blood transplant whereas 46.66% of the responses gave partial responses i.e. combining the first two or only unsafe sex or having no knowledge about the spreading of HIV/AIDS.

Shrotri, Shankar, Sutar, Joshi, Suryawanshi, Pisal, Bharucha, Phadke, Bollinger and Sastry (2003) found that knowledge of primary transmission routes, such as sexual contact and use of unsterile needles was over 75%. Nearly half of the women displayed knowledge of modes where HIV was not transmitted.

The awareness of transmission of HIV/AIDS among FSW is high as compared with others this is due to the reason that FSWs are dealing with sexual activities in their daily life.

4. World AIDS day

Table: 4 World AIDS day

Yes	No
36.66%	63.33%

The above table shows the awareness of World AIDS Day. The responses show that 36.66% of the respondents knew that World AIDS Day is celebrated on 1st December whereas 63.33% of the responses showed that they do not have any idea about when is the World AIDS Day celebrated.

5. Identify HIV/AIDS

Table: 5 Identify HIV/AIDS

Yes	No
56.66%	43.33%

The above table shows identification of HIV/AIDS infection. The responses show that 56.66% of the respondents knew that identification of HIV/AIDS infection is done through blood testing whereas 43.33% of the responses showed that they either do not have any idea about identification of HIV/AIDS infection or have misinformation regarding HIV/AIDS testing.

6. HIV/AIDS virus life expectancy in human body

Table: 6 HIV/AIDS virus life expectancy in human body

Yes	No
40%	60%

The above table shows the awareness level of Female Sex Workers on knowledge about HIV/AIDS virus life expectancy in human body. The responses show that 40% of the respondents knew that HIV/AIDS virus can live for whole of its life in human body whereas 60% of the responses showed that they either do not have any idea about HIV/AIDS virus life expectancy in human body or have misinformation regarding HIV/AIDS virus life expectancy in human body.

7. Transmitting HIV/AIDS to others after being infected

Table: 7 Transmitting HIV/AIDS to others after being infected

Yes	No
43.33%	56.66%

The above table shows the knowledge about transmitting HIV/AIDS to others after being infected. The responses show that 43.33% of the respondents knew that people can transmit to others if they are infected whereas 56.66% of the responses showed that they either do not have any idea about or have misinformation regarding transmitting HIV/AIDS to others after being infected.

8. Duration of HIV/AIDS testing

Table:8 Duration of HIV/AIDS testing

Yes	No
60%	40%

The above table shows the awareness about duration of HIV/AIDS testing. The responses show that 60% of the respondents knew that HIV/AIDS testing is done at every six month interval

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whereas 40% of the responses showed that they either they do not have any idea about or have misinformation regarding at what duration HIV/AIDS testing is done.

9. Free testing of HIV/AIDS

Table: 9 free testing of HIV/AIDS

Yes	No
63.33%	36.66%

The above table shows the awareness level of Female Sex Workers about free testing services for HIV/AIDS. The responses show that 63.33% of the respondents knew that free testing services are primarily given at ICTC Centre while 36.66% of the responses showed that they either they do not have any idea about free testing services or have misinformation regarding the department providing free test services.

10. Prevention of HIV/AIDS

Table: 10 Prevention of HIV/AIDS

Yes	No
70%	30%

The above table shows the awareness level of Female Sex Workers on knowledge about prevention of HIV/AIDS. The responses show that 70% of the respondents knew that condoms help in prevention of HIV/AIDS whereas 30% of the responses either have no idea about condom usage in HIV/AIDS prevention or do not have right information regarding HIV/AIDS prevention.

Shrotri, Shankar, Sutar, Joshi, Suryawanshi, Pisal, Bharucha, Phadke, Bollinger and Sastry (2003) found that Fifty-three percent of women were able to mention at least one method of prevention.

Conclusion

To sum up the picture as pertaining to HIV/AIDS awareness what come forth was the majority of female sex workers were aware that HIV/AIDS is a virus. Further majority of sample knew that HIV and AIDS are different that is HIV is a virus because of which AIDS spreads.

Most of the respondents knew the factor through which HIV/AIDS spreads. With reference to identification of HIV/AIDS infection the more than half of responses show that identification of HIV/AIDS infection is done through blood testing. Data revealed that majority of female sex worker do not have any idea about HIV/AIDS virus life expectancy in human body.

Maximum number of the respondents are aware that HIV/AIDS testing is done at every six months interval, they knew that condoms helps in prevention of HIV/AIDS and they are aware of free testing services.

Though the picture seemed somewhat positive yet it is pathetic that almost half of the population seemed either confused or unaware of the essential concepts regarding HIV/AIDS.

IMPLICATIONS

As mentioned earlier this study is a small attempt to bring to fore some basic realities of FSW. Yet a great deal remains to be explored as enormous amount of knowledge about prostitution was gained during the course of working in this area, but what becomes most clear during this effort is the vast amount that remains unknown, undocumented and unspoken.

The exact number of female sex workers in India is open to dispute, the exact number of sex workers is unknown and calculating the number of female sex workers is very difficult as sex work is mostly hidden and the population is transient, with people moving in and out of sex work constantly.

Despite tall talks of social welfare, women empowerment and community development female sex worker is the grass root reality. An effort must be done to bring them into main stream, to build a platform where one can uncover the crude realities existing in society. The need of the hour is to spread more awareness especially to FSW as they are dealing to sexual activities in their daily life and they are more prone to sexual transmission of HIV/AIDS. Hence strong step needs to be taken by social worker, community welfare and other health professionals.

The steps taken by the government in this area seems somewhat satisfactory but yet much remains to be still done.

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Neuroticism and Academic Achievement Motivation in Adolescent

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ABSTRACT

The main purpose of this research was to find out the mean difference in adolescents. The total 80 adolescents as a variation belonging to adolescents were taken. The research tool for neuroticism Mosley personality scale was measured by Isenk and tool for academic achievement motivation were used which made by T.R.Sharma. Here t-test was applied to check the significant of in neuroticism and academic achievement motivation between male and female adolescents.

The study revealed that there was no significant difference between male and female adolescent in neuroticism. There was no significant difference between male and female adolescent in academic achievement motivation.

Keywords: *Neuroticism and Academic Achievement Motivation*

Neuroticism is a fundamental personality trait in the study of psychology characterized by anxiety, moodiness, worry, envy, and jealousy. Individuals who score high on neuroticism are more likely than the average to experience such feelings as anxiety, anger, envy, guilt, and depressed mood. They respond more poorly to stressors, are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification. Neuroticism is a risk factor for the "internalizing" mental disorders such as phobia, depression, panic disorder, and other anxiety disorders, all of which are traditionally called neuroses.

Neuroticism appears to be related to physiological differences in the brain. Hans Eysenck theorized that neuroticism is a function of activity in the limbic system, and his research suggests that people who score highly on measures of neuroticism have a more reactive sympathetic nervous system, and are more sensitive to environmental stimulation. Behavioral genetics researchers have found that a significant portion of the variability on measures of neuroticism can be attributed to genetic factors.

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Neuroticism is operationally defined by items referring to irritability, anger, sadness, anxiety, worry, hostility, selfconsciousness, and vulnerability that have been found to be substantially correlated with one another in factor analyses (Costa & McCrae, 1992a; Goldberg, 1993). For individuals who are high on neuroticism, such negative emotional responses to challenges are both frequent and out of proportion to the circumstances (McCrae & Costa, 2003). In addition, persons high in neuroticism are often self-critical, sensitive to the criticism of others, and feel personally inadequate (Watson, Clark, & Harkness, 1994). The dimension of neuroticism, also often referred to as negative emotionality or negative affectivity, is included in nearly all major models of personality traits (Matthews, Deary, & Whiteman, 2003), including three-factor (Eysenck, 1947; Tellegen, 1982) and five-factor models (Costa & McCrae, 1992b; Goldberg, 1993; Zuckerman, Kuhlman, Teta, Joireman, & Kraft, 1993).

Although the stability of neuroticism, in the sense of maintaining rank-order position relative to other persons, increases with age from adolescence through adulthood (Roberts & DelVecchio, 2000), mean neuroticism scores peak in late adolescence and decline moderately through adulthood (Costa et al., 1986; McCrae et al., 2002; Roberts & Mroczek, 2008). Mean neuroticism scores of females are slightly but significantly higher than for males (Costa, Terracciano, & McCrae, 2001) and neuroticism scores tend to be somewhat higher among individuals with lower socioeconomic status (Judge, Higgins, Thoresen, & Barrick, 1999). Therefore, it is informative that most studies of the associations between neuroticism and mental and physical health that controlled age, sex, and socioeconomic status have found that neuroticism is associated with mental and physical health independent of its correlation with these demographic factors (Kendler, Kuhn, & Prescott, 2004; Neeleman, Ormel, & Bijl, 2001; Stronks, van de Mheen, Looman, & Mackenbach, 1997).

Neuroticism can be viewed as a heterogeneous trait consisting of multiple facets that are highly correlated but partially distinct, including anger, sadness, anxiety, worry, and hostility (Weiss & Costa, 2005). Indeed, many studies of the relation between negative affectivity and adverse outcomes focus on fine-grained traits that might be considered facets of neuroticism, such as trait hostility and anger (T. W. Smith, Glazer, Ruiz, & Gallo, 2004; Suarez, Lewis, & Kuhn, 2002). The present paper focuses on the broad trait of neuroticism, but some facets of neuroticism may be more important than others for specific purposes. It should be emphasized that there is a lack of full independence between most measures of neuroticism and measures of some mental health outcomes. In particular, the fact that some of the items that define neuroticism in most scales overlap with symptoms of depression and anxiety complicates the interpretation of correlations with these disorders (Jylha & Isometsa, 2006). In particular, in cross-sectional studies, it is possible that neuroticism and mental disorders could be correlated because persons who are currently experiencing an episode of depression or anxiety disorder might endorse more of these overlapping neuroticism items than either before or after the episode. Nonetheless, the association between neuroticism and public health outcomes is not merely an artifact of overlapping criteria. A number of longitudinal studies have controlled for shared items and

concurrent depressive states and still found significant associations between the construct of neuroticism and measures of depression (Fergusson, Horwood, & Lawton, 1989; Schmutte & Ryff, 1997; Spijker, de Graaf, Oldehinkel, Nolen, & Ormel, 2007). In addition, as summarized in this paper, neuroticism is robustly linked to many mental disorders (e.g., somatoform disorders, eating disorders, schizophrenia, and substance use disorders) and to physical health problems that are not defined by symptoms that overlap with neuroticism items. Indeed, there is some evidence that neuroticism may predict a wide range of physical health problems even when depression is controlled (Bouhuys, Flentge, Oldehinkel, & van den Berg, 2004; Russo, Katon, Lin, & Von Korff, 1997). Nonetheless, greater attention to the issues of conceptual and criterion overlap in the operational definitions of neuroticism and some mental disorders is needed in the future.

The term “need for achievement” was used for the first time and introduced into psychology by H. Murray in *Explorations in Personality* (1938). The author defined it as an intense prolonged and repeated efforts to accomplish something difficult; to work with singleness of purpose towards a high and distant goal; to have the determination to win” [7, p.164]. Murray with Ch. Morgan developed also Thematic Apperception Test (TAT) which is widely used to support assessment of needs and motives. Thereafter, research on achievement motivation was extended by D. McClelland According to him, the achievement motivation is a constant drive to improve one’s level of performance, to accomplish success in contention. The author also claimed that need for achievement is the result of emotional conflict between the hope to approach success and the desire to avoid failure (Steinmayr, Spinath, 2009)

Academic achievement or (academic) performance is the outcome of education the extent to which a student, teacher or institution has achieved their educational goals. Academic achievement is commonly measured by examinations or continuous assessment but there is no general agreement on how it is best tested or which aspects are most important procedural knowledge such as skills or declarative knowledge such as facts.

Need for achievement was one of the first social motives to be studied in detail (McClelland et al., 1953), and research into this motive continues even today (Spence, 1989). As characterized by D.C. McClelland and J.W. Atkinson, “the need for achievement (n-ach) is the desire to compete with a standard of excellence.” The concept of achievement motivation has been developed by McClelland, Atkinson, Clark and Lowell (1953). They defined this concept as a “concern over competition with standards of better than someone else.

Atkinson (1958) came to the conclusion that there is need for achievement in an individual. According to Atkinson and Feather (1966), “The achievement motives is conceived as a latest disposition which is manifested in overt striving only when the individual perceives performance as instrumental to a sense of personal accomplishment.” People in whom need for achievement is strong, seek to become accomplished, and to improve their task performance. They are task-oriented and prefer to work on tasks that are challenging and on which their performance can be evaluated in some way, either by comparing it with other people’s performance or in terms of

some other standards, “Achievement is task-oriented behaviour that allows the individual’s performance to be evaluated according to some internally or externally imposed criterion, that involves the individual in competing with others, or that otherwise involves some standards of excellence” (Smith, 1997; Spence and Helmreich, 1983). Achievement motivation can be seen in many areas of human behaviour, on the job, in homemaking, or athletic competition. Andrews (1967) and Raynor (1970) stated that an individual who have high in achievement motivation tend to get higher grades in school, earn more rapid promotions, and attain greater success in running their own businesses than persons low in such motivation. Therefore achievement motivation has been considered as an important concept in the dynamics of human behaviour. Tripathi (2004) concluded that motivation is positively associated with academic achievement. The motivation applied for achieving academic objective is termed as academic achievement motivation.

Jiyoung Park (2012) Clarifying the links between social support and health: Culture, stress, and neuroticism matter. Japanese and US adults found significant associations between perceived support and health. The association was more strongly evident among Japanese (from a support-approving cultural context) who reported high life stress (in a support requiring situation). Moreover, the link between support and health was especially pronounced if these Japanese were low in neuroticism.

Brinda B. Sharma (2013) Gender Differences in Adolescent Neuroticism. Findings of the study revealed significant correlation of both the variables on neuroticism in adolescents. The correlation was negative for a cordial level of parent child relationship and positive for the remaining variable. Gender differences were noted in the degree of neuroticism as well as in appraisal of self and stress tolerance in interpersonal relations.

Sunita Badola (2013) Effect of School’s on Academic Achievement Motivation Of Secondary level Students. Results showed that there was significant difference among Government, Public and convent School Secondary Students on their academic achievement motivation. The mean difference was found significant on male and female as well as Urban and Rural Secondary School Students on their Academic Achievement Motivation. Insignificant difference was found between Public & Convent school students on their academic achievement motivation.

Kamariah Abu Bakar (2010) Relationships between university students’ achievement motivation, attitude and academic performance in Malaysia. Results indicated a positive significant correlation between students’ attitude towards learning and achievement motivation ($r = 0.53$, $p < .001$), and between students’ attitude and academic achievement ($r = 0.16$, $p < .001$). However, a negative and low correlation ($r = -.038$, $p > .05$) was observed between students’ achievement motivation and their academic achievement.

RESEARCH PROBLEM:

“Neuroticism and academic achievement motivation in adolescent”

OBJECTIVES:

The main objectives of study were as under.

1. To measure the neuroticism in adolescent.
2. To measure the academic achievement motivation in adolescent.
3. To measure the correlation between neuroticism and academic achievement motivation.

HYPOTHESIS:

To related objectives of this null hypothesis were as under.

1. There in no significant difference in neuroticism in adolescent.
2. There in no significant difference in academic achievement motivation in adolescent.
3. There is no correlation between neuroticism and academic achievement motivation.

METHOD

Participants:

According to the purpose of present study total 80 sample has been selected. There were 40 male adolescent and 40 female adolescent were taken as a sample from different area in Rajkot city. (Gujarat)

Research design:

The aim of present study was to a study of neuroticism and academic achievement motivation in adolescent. For these total 80 adolescent were taken as a sample. Here to the measure neuroticism in the Mosley personality scale was used, measured by Isenk and tool for academic achievement motivation were used which made by T.R.Sharma. To check difference between group t-test method was used. The result discussion of neuroticism and academic achievement motivation is as under.

Tools:

For this purpose the following test tools were considered with their reliability, validity and objectivity mentioned in their respective menus in present study two inventories is used.

Here to the measure neuroticism in the Mosley personality scale was used, measured by Isenk and tool for academic achievement motivation were used which made by T.R.Sharma.

Procedure:

According to purpose of present study for data collection the investigator explained the purpose the study to the subjects for these total 40 male and 40 female adolescent were taken as a sample from different part of Rajkot city (Gujarat). Testing was done personally with adolescent. The whole procedure of fill the inventory was explained to them fully and clearly. The instructions given on questionnaire were explained to them. It was also made clear to them that

these scores would be kept secret. It was checked that non of the participants left any questions unanswered or that no participants encircled both the answer given against questions.

RESULTS AND DISCUSSIONS

The main objective of present study was to measure the “neuroticism and academic achievement motivation in adolescent.” In it statistical t-test method is used. Result discussion of present study is as under.

Table-1

The table-1 indicates that the mean score of neuroticism in male adolescent are 28.06 and female adolescent are 29.36 The standard deviations for both male and female adolescents are 4.27 and 4.37 respectively. The difference between these two means is not significant at 0.05 level of confidence as the value of t-test is 1.63 Findings shown that female adolescent are more affected by neuroticism in comparison to female adolescent. Female adolescent find themselves under more neuroticism because of their multiple roles. So the first hypothesis is accepted.

Evidences of research finding given by Jiyoung Park (2012) Clarifying the links between social support and health: Culture, stress, and neuroticism matter. Japanese and US adults found significant associations between perceived support and health. The association was more strongly evident among Japanese who reported high life stress. Moreover, the link between support and health was especially pronounced if these Japanese were low in neuroticism. Result was same as present study. There for we can say that present finding are supported by Jiyoung Park (2012). Also supported by Brinda B. Sharma (2013) reseach.

Table-2

The table-2 indicates that the mean scores of academic achievement motivation in male adolescent and female adolescent are 27.06 and 28.03 the standard deviations for both male adolescent and female adolescent are 4.15 and 5.52 respectively. The difference between these two means is not significant at 0.05 level of confidence as the value of t-test is 0.77 A perusal of that reveals not significant difference between academic achievement motivations in the two groups. In this study female adolescent scored higher on academic achievement motivation in comparison to their male adolescent counterparts. It is not surprising because in our culture, society renders more care, protection and support to male adolescent. So the second hypothesis is also accepted.

Evidences of research finding given by Kamariah Abu Bakar (2010) Relationships between university students’ achievement motivation, attitude and academic performance in Malaysia. Results indicated a and between students’ attitude and academic achievement. However, a negative and low correlation was observed between students’ achievement motivation and their academic achievement. Result was same as present study. There for we say

that present finding are supported by Kamariah Abu Bakar (2010) and Sunita Badola (2013) research.

CONCLUSION

We can conclude by data analysis as follows;

There were not significant differences between the mean scores of two groups on neuroticism. Female adolescent are more affected by neuroticism in comparison to male adolescent and there were not significant difference between the mean scores of two groups on academic achievement motivation. Female adolescent scored higher on academic achievement motivation in comparison to their male adolescent counterparts.

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A Study on Parent Child Relationship Hospital Nurse Groups

Dr. Santosh Kumar¹

ABSTRACT

The Present Study Reveals That a Study on Parent Child relationship hospital Nurse Groups. Its Show That There Is a Female are having “permissive” attitudes towards their parent’s relationship Male are having “restrictive” attitudes towards their parent’s relationship

Keywords: *Child Relationship, Hospital Nurse Groups*

Many parents fail to recognize how rapidly the child out grows his infantile dependency. Even if they do recognize it. Some matter for selfish reasons, refuse to adjust to it and therefore thwart the child’s natural striving whenever a strong need of child it will lead friction. In commenting on the failure of many parents to recognize and adjust to the needs of their children.

When children no longer need to depend so much on their parents and are no longer as demonstrative in their affection, consideration, and respect, they often treat their parents in such a way that the parents feel rejected. Even when children are less critical and rebellious than typical in American culture of the. Their changed behavior cannot fail to contribute to deterioration in parent child relationships.

Most of you remember quite clearly the change in your own relationship. With parents when you hit adolescences so the research finding are not going to surprise you much at first there is typically an increase in conflict. Lenience Stenberg (1981) found that this increase occurred at the very veining to the pubertal.

Another trend that is very in an increasing amount of spent with peers. But neither the temporally heightened conflicts nor the increased involvement with the peer group signifies that the young person’s attachments to me parent has disappeared, or even greatly weaken the fact is Nailly illustrated in an recent study by funiyo munter and sames yowniss (1982)

More fathers’ have become sensitized to the important role they play in the child’s development studies of human father and father and their intent confirms that many father can act sensitively-

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-the same age. In the both human and primates adult male behavior toward infant appears to be highly of male flexible and adult. Probably the strongest evidence of the plasticity of male care taking abilities is derived from studies in which the males from primal species notoriously law in the male interest in offspring are forced primal with in fonts whose female caretakers are absents Under those circumstances, that adult males show considerable competence in reassign the infants

In virtually all of the investigation of father and infant, mother has been the primary care takes. And father have had minimal care taking responsibilities field (1978) found that the primary care takers father resembled primary care taking mother in their tendencies to smile and vocalize imitatively, but acted as secondary care taking father in her tendency to play games and poke at infant. in a more above fate study of non traditional families Michal lanbetal interviewed 51 couples in Sweden during pregnancy, an later obsessed them interacting with Their 3 months lob, sconce 1974, Swedish parents have been given nine months of period parental leave after delivery, and the government has gone to great lengths to encourage them to bad , advantage parenting arrangement and the other half followed the mother staying name and taking care of her infant one of the most intriguing results in lamb's Swedish studding in the manner in which the parents differentiated between sons and daughters.

Like traditional mothers and fathers studied in the united state the traditional Swedish parents interacted prudentially with sons. By contrast the non-traditional Swedish parents interacted prudentially which their daughters. Lamb suggests that possible because of their concern that their daughters are relationally accorded less attention than sons. the son traclitionlly parents not fathers being eliminated this trend , but also reserved if with both mothers and fathers was a mother or a father differentiated the parent's behavior more noticeably that whether they were a traditional of non- traditional family.

Students of parent's child relationships as well as siblings' relationship those discussed below are the most common and most influential.

Permissiveness:

The permissiveness parents accept the child's early ideas and ambitions instead of foisting his upon him. He encourage the child to play with other children, he makes the child feel accepted and strong and he show also balance for, and understanding of the child's weakness permissiveness may go to for and result in indulgence.

Permissiveness affects parents as children permissive parents report that their lives are disrupted by their children's and that their attempts to limit or control their children's activities are resisted , if permissiveness is not carried to the externs' at indulgence, however, it will lead to better parent, child relationship and healthy family life.

Rejection:

Parental rejection need not necessarily mean overt rejection if may be characterized either by nonchalance and a general at morpheme of and conspicuous hostility frequently in rejection the impression in created that the parent is over projective.

The strength of the child's attachment to the father at the early age seems to be related to the father at the early age seems to be related to the amount of time the dad has spent with the child. Gail Ross (1975) founds she could predict a body's attachments to the father by knowing how many chirpers the dad changed in typical week. One resolution at this invert more time being attuned to the infant signals are likely to have infants signals one likely to have infant who are more strongly attached to them. but for the father to be consistently preferred over the mother probable require in out society in will be possible to study such father child pairs to see if a preference for develops.

In the light of above theatrical background attempt is made in the present study to know the parent child relationship between male and female hospital nurse.

PROBLEM:

To study the parent child relation among nurse

Variables:

Independent variable is sex

Dependent variable is parent's child relationship.

HYPOTHESIS:

- (1) Female are having "permissive" attitudes towards their parent child relationship
- (2) Male are having "restrictive" attitude towards their parents child relationship

METHODOLOGY:

Total sample consist of 100 among 50 female and 50 male. Nurse from various hospital of Gulbarga city.

The simple design is given below

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Name of the institution	Male	Female	Total
Govt. hospital	25	25	50
Private hospital	25	25	50
Total	50	50	100

DISCUSSION:

According Hurlock as a rule the adolescents relationship with family member of the female sex are less favorable than those with male family members while it is true that mothers tend to be more lenient with their son than their daughters. There is one of the few exceptions to the rule. Because mothers are more restricted by their child than by their fathers mother daughter friction is often intense at least until latter part of adolescence

The frictional relationship that existed between siblings of different sex's during childhood given way to a friendly and even co-operative relationship during adolescence. Female nurse discover that their brothers discover that their sister can supply them with doubts , on the other hand deteriorate in a coalescence, an older girl may criticize her younger sister's appearance and behavior.

Even more important is the so called 'generation gap' between the adolescents and its parents gap is partly the results of the radical changes in values and standards of behavior that normally accrue in any readily changing cultures thus it is more of a culture; group not due entirely to difference in chronological age.

It is hypothesized that males are more restrictive attitudes towards their parents relationship. The regionalized is that traditional society has the system of male domination. Males are freer than the females hence the feelings of carelessness and feeling of independent may influence the male child and develop a restrictive relationship.

Table no.1 shows the mean score S.D and "T" value of total sample

Sex	Score
Male	N=50 M=129.18 S.D=8.66

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Female	N=50 M=131.3 S.D=8.27
Total value	0.80

In the table no.1 show the mean of male nurse is 129.18 and S.D is 8.66 the merman of female nurse is 131.3 and S.D is 8.27

The female nurse more permissive and male nurse more restrictive relationship with their children's. The female nurses have good relationship with their child's because the traditional society tends them to develop this feeling in the woman and dependency feeling or in. Security and inferiority may influence them to develop close relationship than the men's

However there is slight deference between two groups. Female are having "permissive "attitudes towards their parents.

CONCLUSION:

In the light of above discussions we clew following.

- (1) Female are having "permissive" attitudes towards their parent's relationship
- (2) Male are having "restrictive " attitudes towards their parent's relationship
- (3) There is individual deference in parent child relationship.

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A Study on Locus of Control among College Students of Gulbarga City

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ABSTRACT

The current study focuses on locus of control and the difference in it among different demographic variables such as gender (male and female), course of study (science and arts) and locality (urban and rural) among college students. It is a promising area of inquiry. The age of college students is the age of developing their personality and is a critical context for studying personality. The study was conducted on 171 college student of Gulbarga city who were selected by a random sampling method (lottery method). The questionnaire consisted of personal data sheet, and Rotter's locus of control scale. Descriptive Statistics and non-parametric statistics as Mann-Witney test (U) were used to analyze the data. The results could not find significant difference on locus of control among males & females, science & arts and urban & rural college students.

Keywords: *Locus of control, Gender, locality, course of study*

The concept "Locus of Control", was first developed by Julian B. Rotter. Locus of Control according to Rotter, refers to a personality dimension that helps explain one's behaviour. It refers to the perception the extent to which people believe that they can control the events that affect them, thus causing them to believe that they are the source of what happens in their life. Locus of control is defined as a person's tendency to see events as being controlled internally or externally (Rotter, 1966; Lloyd & Hastinhs, 2009; French & Shojae, 2014). This tendency characterizes a person's perspective about self-independence and control by others (Corsini, 1999). Locus of Control also determines the likelihood of a particular behaviour as well as the outcomes of engaging in the behaviours (Lefcourt, 1976; April, Dharani, & Peters, 2012: p. 125). People with internal locus of control feel that they can influence the outcomes of their work with their own efforts, skills and characteristics. People who perceive that outcome are determined by external forces like luck, chance and fate have an external locus of control orientation (Schultz & Schultz, 2011).

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People who have an internal locus of control tend to engage in adaptive behaviours (Demellow & Imms, 1999; Peterson et al., 1993 & Rothbaum et al., 1982, Hayadeh, 2004).

Since locus of control refers to the individuals' belief about controllability over what happens to them in life, it is defined as a personality trait or construct that reveals how individuals perceive their ability to control life events or environment (April et al., 2012). This belief can be characterized as one continuum on which two extremes can be recognized: internal locus of control and external locus of control.

THE SIGNIFICANCE OF THE STUDY

This study is significant because the study can provide the idea about the personality, which may help to improve the existing services or create new services to help people to have more control in an environment where they usually feel out of control.

METHODOLOGY OF THE STUDY

This study is undertaken to make an attempt for understanding the Locus of Control among college students of Gulbarga city, along with the influence of demographic variables such as gender, place of residence and the course of study.

OBJECTIVES:

The study will be conducted with the following objectives:

1. To study the difference in Locus of control among male and female college students of Gulbarga city.
2. To study the difference in Locus of control among Arts and science college students of Gulbarga city.
3. To study the difference in Locus of control among Urban and Rural college students of Gulbarga city.
4. To study the level of locus of control among college students of Gulbarga city.

HYPOTHESES:

The study will be conducted with the following general hypotheses:

1. There would be a significant difference on locus of control among male and female college students.
2. There would be a significant difference on locus of control among science and arts college students.
3. There would be a significant difference on locus of control among rural and urban college students.

Population:

The population for the present study consists of students studying in different degree colleges of Gulbarga City which are affiliated to Gulbarga University and pursuing courses of

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B.A, B.Sc. the samples for the study are students of B.A and B.Sc. with the age range of 16 – 25 years, studying in Gulbarga City Degree Colleges.

Sampling technique:

The samples were taken from different colleges of Gulbarga city which are affiliated to Gulbarga University. The colleges were selected by random sampling using the lottery method. There are 35 total colleges in city. The researcher had divided these colleges in three categories based on courses selected for the study. First category consists of the college in which both arts and science courses are taught; in second category the colleges were selected in which science courses are taught and in third category the colleges were selected among which there are arts courses. Among the colleges which are having both science and arts streams the researcher had selected four colleges by lottery method and from the science stream college's two colleges were selected and two more from arts stream colleges. The data was collected from selected colleges by randomly choosing classes through lottery method. In some classes which were selected for data were large number of students. The researcher had chosen the sample among all odd roll numbers. Using this process, the researcher had collected data from 184 sample among which 171 were selected for final analysis. The remaining had incomplete information.

Sources of the data:

For the study, only primary data was used. The data required for the study was collected using questionnaires that were distributed among the sample chosen from the population that were the students studying in various colleges in Gulbarga.

Inclusion criteria:

- The students who are studying in Degree College in Gulbarga city.
- Those who are in the age range of 16- 25 years.
- Those who can read write and communicate in English.

Exclusion criteria:

- Students in Gulbarga city not studying B.A. and B.Sc.

Assessment Tools:

1. Rotter's Locus of Control Scale

Description of tools:

Rotter's Locus of Control Scale:

It is the Indian adaption of Julian Rotter's Internal-External scale by Dr. Anand Kumar and Dr. S.N. Srivastava of Kashi Vidyapith University, Varanasi. It measures an individual's perception of internal / external control of various events. This is a forced choice instrument

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which consists of 29 pairs of statements; each item has two sentence choices. Subject has to select one statement from each pair which he or she believes more strongly.

Procedure:

The participants were welcomed and rapport was established. The researcher gave brief information about the purpose of the study and informed consent had been taken from them. Each participant was reminded that their participation was completely voluntary, and that their responses would remain anonymous and reported only in aggregate form. And a request to fill up the demographic data sheet where information regarding their name, age, gender, education, and place. The participants were instructed to read the statement carefully and to select any option as their response from the scales. Participants completed a battery of self-report questionnaires including Locus of Control statement sheet. After completing the questionnaires, participants were debriefed and were thanked for their participation.

Statistical Analysis:

The present study had utilize quantitative techniques that includes descriptive statistics. Statistical Package for Social Sciences (SPSS) generates means, standard deviations, and frequencies for a list of variables, and non-parametric statistics were used for analysis which includes Mann-Witney test (U).

RESULTS AND DISCUSSION

Table: 1 Frequency distribution of demographic variables.

Demographic Variables	Category	Frequencies	Percent
Sex	Male	89	52
	Female	82	48
Course	Science	80	46.8
	Arts	91	53.2
Locality	Urban	94	55
	Rural	77	45

Table 1 shows the distribution of demographic variables sex, course of study and locality in the present study the total number of participants were 171 under which there are 52%(89) male and 48%(82) females. In course of study in science there are 46.8% (80) and under arts it is 53.2% (91). Locality participants under urban are 55% (94) and under rural 45% (77).

Table: 2 Frequency distribution of Locus of control.

Variables	Category	Frequencies	Percent
LOC	Internal	115	67.3
	External	56	32.7

BDI: Beck depression inventory LOC: Locus of Control.

Table 2 shows the frequency distribution of variables under different categories. In locus of control 67.3% (115) are internal locus of control and 32.7% (56) falls under external locus of control.

Table: 3 Relationship of students' Locus of control on the basis of gender, (male and female)

Variables	Category	Frequencies	Percent	Mann-Whitney U	Sig.
Sex	Male	89	52	3619.500	.927 ^{ns}
	Female	82	48		

^{ns} denotes non-significant.

While examining the Locus of control of college students, it is found that there was no significant difference between male and female students on the basis gender (Mann-Witney U=3619.500, $p>.05$).

Table: 4 Relationship of students' Locus of control on the basis of course of study.

Variables	Category	Frequencies	Percent	Mann-Whitney U	Sig.
Course	Science	80	46.8	3054.500	.068 ^{ns}
	Arts	91	53.2		

^{ns} denotes non-significant.

While examining the Locus of control of college students, it is found that there wasn't a significant difference between science and arts students on the basis of course of study (Mann-Witney U=3054.500, $p>.05$).

Table: 5 Relationship of students' Locus of control on the basis of locality.

Variables	Category	Frequencies	Percent	Mann-Whitney U	Sig.
Locality	Urban	94	55	3614.500	.989 ^{ns}
	Rural	77	45		

^{ns} denotes non-significant.

While examining the Locus of control of college students, it is found that there was not a significant difference between rural and urban students based on locality (Mann-Witney U=3614.500, $p>.05$).

DISCUSSION

The current study focuses on locus of control and to study its differences within the demographic variables such as sex (male and female), course of study (science and arts) and locality (urban and rural).

Hypothesis: 1

“There would be a significant difference on locus of control among males and females”.

From the Table: 3, it is observed that, Mann Whitney-U value is not significant. Hence, this hypothesis is rejected and it could be concluded that there is no significant difference on Locus of Control among male and female college students.

Present study could not find any difference in Locus of Control of male and female college students. Mina Rastegar, Nahid Heidari (2013) also concluded in their study that there were not any significant differences among males and females regarding to internal locus of control and external locus of control. Another study by Meghan Mole (2012) supports the findings of the current result that there is no statistically significant relationship found between Locus of control and gender. Lynton. N (2012) conducted a study in china, the findings does not show any significant relationship between locus of control and gender. In 2003 Dave Clarke also concluded in his findings that there were no significant differences between sexes on any mean score on locus of control. On the other side there are studies which are contradictory to the results of current funding's. Ghasemzadeh and Saadat (2011) concluded in their finding that female students for the locus of chance control received higher scores than the male students. Female students have more external locus of control than male (Parsons and Schneider 1974). Boys has internal locus of control and girls scored high on external locus of control (Zaidi and Mohsin 2013). Girls' means were supplementary external than boys' on LOC (Wehmeyer 1993).

Hypothesis: 2

“There would be a significant difference on locus of control among science and arts”.

Within this study it was expected that there would be significant difference on locus of control among science and arts. But from the Table: 4, it is observed that, Mann Whitney-U value is not significant. Hence, this hypothesis is rejected and it could be concluded that there is no significant difference on Locus of Control among science and arts college students.

Present study could not find any difference in Locus of Control of science and arts students. The researcher could not find studies to support the finding. As well as for contradictory. The factors which supports may be related to the exposure of the students in both the field's science as well as arts, and juvenility of the student's. So this study suggests that this area needs further research.

Hypothesis: 3

“There would be a significant difference on locus of control among rural and urban”

From the Table: 5, it is observed that, Mann Whitney-U value is not significant. Hence, this hypothesis is rejected and it could be concluded that there is no significant difference in locus of control among rural and urban college students.

Present study could not find any difference on locus of control among rural and urban college students. The researcher could not find studies to support the finding. As well as for contradictory. The factors which supports may be related to the exposure of the students in both rural as well as in urban and juvenility of the student's. So this study suggests that this area needs further research.

FINDINGS:

1. Male and female college students do not differ in their Locus of Control.
2. Arts and Science college students do not differ in their Locus of Control.
3. Urban and Rural college students do not differ in their Locus of Control.

CONCLUSION

The study does not show any difference on the locus of control among male and female college students, science and arts college students, and urban and rural college students.

RECOMMENDATIONS

The researcher could not find any studies related to the relationship between locus of control with science and arts college students and urban and rural college students and relations between hopelessness with science and arts college students and urban and rural college students so it is suggested to do further research on such topics.

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Dental Anxiety and Fear Levels among Outpatients in a Private Dental College in Chennai

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ABSTRACT

TOPIC: Dental anxiety and fear levels among outpatients in a private dental college in Chennai.

AIM : The aim is to evaluate dental anxiety and fear levels among patients visiting a private dental college.

MATERIALS REQUIRED: The five points modified Corah's Dental Anxiety Scale (MDAS) and Dental Fear Scale (DFS) were used. Descriptive analysis was done as well as Fisher's Exact Test and the Independent-t test to compare the anxiety and fear scores between groups.

RESULTS: Two hundred completed questionnaires were included in the study. Results showed that participants were anxious mostly about tooth drilling and local anesthetic injection. The overall response to Modified Dental Anxiety Scale (MDAS) showed that 53.5% were anxious which is statistically significant. The response to Dental Fear Scale (DFS) showed that moderate fear levels were 75%. The mean MDAS and DFS scores for males were comparatively higher than females. The age group 22-39 showed highest anxiety and fear levels.

Keywords: Dental Anxiety, Dental Fear, Modified Dental Anxiety Scale, Dental Fear Scale

Fear of the dental practice is one of the widespread distressing problems for dentists and public. [19] Fearful patients might neglect oral hygiene and delay treatment. Patients with high level of dental anxiety typically also report social and psychological disability. Dental fear may be distinguished from dental anxiety by the situational boundaries within which it occurs. Fear is generally regarded as a physiological, behavioural and emotional response to a feared stimulus whereas anxiety is a feeling of dread or worry focused on, yet temporally prior to, exposure to a feared stimulus. Fear and anxiety are highly related and are often used interchangeably in the fear literature. [16] Dental anxiety is related to age, gender, educational qualification, socio economic status, culture and varies from person to person. Identifying dentally anxious patients is crucial for management and treatment outcome.

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These patients are characterised by their frequent postponement of appointments and when in the dental clinic, they sit on the edge of chair, keep fidgeting, pacing, show repetitious limb movement, have startled reaction to noise, have generalised muscle tension “white knuckle syndrome” and show eye fixation like “deer in headlights” [14]

Objective assessment of dental anxiety can be done using anxiety questionnaires like Dental Anxiety Scale(DAS),Corah’s Dental Anxiety Scale (CDAS), Modified Dental Anxiety Scale (MDAS), Dental Fear Survey (DFS), State Trait Anxiety Scale (STAI), General Geer Fear Scale and Getz Dental Belief Survey.MDAS and DFS is more useful in a clinical setting for screening and diagnosing patients with dental anxiety.They have been both used in measuring of anxiety in many English and non-English speaking countries[3, 4, 12, 25, 28]Completion of the questionnaire does not increase patient fear, and has been shown to reduce state trait anxiety in clinical settings. [8]

MATERIALS AND METHODS:

Study Design:

The study encompasses two hundred outpatients in the waiting room of Saveetha Dental College and Hospitals. Both male and female patients were involved in the study. Patients aged 15-865 years, were included in the study. Study was approved by the scientific review board, Saveetha Dental College, Chennai. Collected and analysed data were subjected to power analysis to check the appropriateness of sample size. Thus, the sample size was considered an appropriate one to suggest significant differences between the variables of interest. Subjects were selected by convenience sampling. All the above specifications related to the number of patients and time duration for collection of data was so designed to minimize bias related to length of waiting period, diurnal variation, etc. Patients who were not willing to participate in the study, those were contradicted for the study, paediatric and adolescent patients, and elderly patients (above 65 years) were excluded.

Survey Instrument: The patients were asked to fill two questionnaires, the MDAS and DFS.

MDAS was used as an anxiety inventory to overcome the limitation of Corah's scale. In MDAS, there is an addition of item regarding respondent's feeling toward a local anaesthetic injection, which was ranked almost as highly as the drill in terms of fear and anxiety. In addition, the responses for each question are kept uniform in contrast to different sets of answers for each question employed in Corah's scale. The scale comprises five multiple choice items dealing with patient's subjective reaction to the dental situations like anticipating visit to dental clinic, waiting in the dentist's office for treatment, waiting in the dental chair for drilling of teeth, waiting in the dental chair for scaling of teeth and waiting in the dental chair for receiving local anaesthetic injection in upper back posterior teeth.

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Five possible answers in ascending order from 1 to 5 were provided for each question. The answers ranged from 'Not anxious', 'slightly anxious', 'fairly anxious' to 'very anxious' and 'extremely anxious'. [11]

The interpretation of MDAS scale was based on the following criteria; Not anxious (<11), Moderately anxious (≥ 11), Moderately anxious (11-14), Highly anxious (15-18) and extremely anxious (≥ 19).

Dental Fear Scale(DFS)consists of 20 questions with five choices varying from 'never', 'once or twice', 'few times' to 'often' and 'nearly every time'.

The scores for each of the twenty questions were summed to give the level of dental fear. The overall maximum score is 100. [17] The interpretation of DFS is based on the following criteria: Low Fear Level (<33), Medium Fear Level (33-67) and high Fear level (>67).

RESULTS:

Of the 200 patients, 96 were male and 104 were females. Table 1 shows distribution of study subjects based on age and gender.

Table 1: Distribution of study subjects based on age and gender.

Gender	Male		Female	
Age	N	%	N	%
15-14	28	39.4	43	60.56
25-39	50	48.01	52	50.98
40-64	13	68.42	6	31.57
Above 64	5	62.5	3	37.5
TOTAL	96	100	104	100

Table 2: Overall response to DAS questions

Response	Not Anxious		Slightly anxious		Fairly anxious		Very anxious		Extremely Anxious	
	N	%	N	%	N	%	N	%	N	%
Visiting Dentist	75	37.5	73	36.5	40	20.0	9	4.5	1.5	1.5
Sitting in Waiting room	56	28.0	80	40.0	43	21.5	18	9.0	1.5	1.5
Tooth Drilled	68	34.0	58	29.0	55	27.5	14	7.0	2.5	2.5
Teeth scaled	46	23.0	82	41.0	47	23.5	22	11.0	1.5	1.5
Local Anaesthesia	64	32.0	52	26.0	47	23.5	23	11.5	14	7.0

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Table 2 shows that participants responded with 37.5% that they were not anxious when anticipating a dental visit next day whereas only 1.5% were extremely anxious. The anxiety levels arose when asked about tooth being drilled (Fairly anxious-27.5%, very anxious- 7%, extremely anxious – 2.5%), having teeth scaled and polished (Fairly anxious-23.5%, very anxious- 11%, extremely anxious – 1.5%) and having while being injected with local anaesthesia (Fairly anxious-23.5%, very anxious- 11.5%, extremely anxious – 7%). It is found that the patients were extremely anxious about having their tooth drilled.

Between Gender:

Table 3:Prevalence of dental anxiety among male and female population.

Dental anxiety Scale	Male		Female		Total	
	N	%	N	%	N	%
Not Anxious	33	34.4	60	57.7	93	46.5
Moderately anxious	45	46.5	29	27.9	74	37
Highly Anxious	14	14.6	12	11.5	26	13
Extremely Anxious	4	4.2	3	2.9	7	3.5

Fisher's Exact Test = 11.36, p value= 0.008

Table 3 shows that the proportion of male who are dentally anxious (14.5%) are more compared to female (11.5%). Moreover, male are also dental phobic (4.2%) compared to female (2.9%) and it was found to be statistically significant.

Between Age Group:

Table 4: Prevalence of Dental Anxiety among various age groups

Dental Anxiety Scale	Age Group (In Years)									
	18-24		25-39		40-64		Above 64		Total	
	N	%	N	%	N	%	N	%	N	%
Not Anxious	29	52.7	36	46.8	22	37.9	6	60.0	93	46.5
Moderately Anxious	20	36.4	30	39.0	22	37.9	2	20.0	74	37.0
Highly Anxious	4	7.3	8	10.4	13	22.4	1	10.0	26	13.0
Extremely Anxious	2	3.6	3	3.9	1	1.7	1	10.0	7	3.5
Total	55	100	77	100	58	100	10	100	200	100

Fisher's Exact Test= 10.082, p value= 0.300

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Table 4 shows that the dental anxiety levels are highest in 25-39 age group. However, the results are statistically insignificant (p value = 0.3)

Dental Fear Prevalence: This was calculated using the dental fear scale.

Between Gender:

Table 5: Prevalence of dental fear among male and female population.

Dental Fear Scale						
	Male		Female		Total	
	N	%	N	%	N	%
Low Fear Level	17	17.7	24	23.1	41	20.5
Moderate Fear Level	75	78.1	75	72.1	150	75.0
High Fear Level	4	4.2	5	4.8	9	4.5
Total	96	100	104	100	200	100

Fisher's Exact Test= 1.025; p- value=0.617

Table 5 shows that the population of male who have moderate dental fear (78.1%) are more compared to female (72.1%). Moreover, male are also more dental phobia (4.2%) compared to female (4.8%).

Age- Group Wise:

Table 6: Prevalence of dental anxiety among various age groups

Dental fear Scale	Age Group (Age)									
	18-24		25-39		40-64		Above 64		Total	
	N	%	N	%	N	%	N	%	N	%
Low Fear Level	13	23.6	15	19.5	8	13.8	5	50	41	20.5
Moderate Fear Level	41	74.5	56	72.7	49	84.5	4	40	150	75
High Fear Level	1	1.8	6	7.8	1	1.7	1	10	9	4.5
Total	55	100	77	100	58	100	10	100	200	100

Fisher's Exact Test= 12.014, p- value = 0.041

Table 6 shows that the dental fear levels are highest in 25-39 age group. However the results in variations are statistically insignificant. (p value= 0.041)

DISCUSSION:

The present study was carried out to assess the dental anxiety among the adult patients at Saveetha Dental College and Hospitals, Chennai. This dental college and hospital, can be a suitable setting to carry out anxiety related studies as all the dental treatments are provided under a single roof by different specialty departments and people from various socio-demographic backgrounds will be accessible under a clinic.

Prevalence of dental anxiety in the present study was found to be 53.5%, which suggests that despite the technological advances made in modern dentistry, anxiety associated with dental treatment was widespread in the study population. Prevalence was higher than that reported in other studies [2,5,10,13,15,20,24,26,27] in which the prevalence rates ranging from 3 to 32% were observed in the patients attending dental clinics. This difference can be attributed partly to the methodological differences, cultural differences or geographical variation.

At the cut off value of ≥ 19 for MDAS score, 3.5% of the patients had extremely high level of dental anxiety; this was similar to the findings of Acharya (2.2%) among Indian population [1]. The percentage of people with dental anxiety was less when compared with Western countries like UK (11%) [6], Northern Ireland (19.5%) [7], Turkey (23.5%) [25] and Finland (3%) [7]. The study showed that the mean anxiety score decreasing with age. This is in agreement with the studies by Acharya [1], Settineri et al. [18], Yuan et al. [28] and contrary to the findings of Tunc et al. [25] and Thomson et al. [23], who showed positive correlation of dental level with age.

Males were found to be more dentally anxious when compared to females. Anxiety levels for the age group when compared for dental anxiety did not reveal statistically significant difference. Anxiety scores were higher for the subjects above 20 years of age. Almost similar results have been reported by Thomson *et al* [24] and Stabholz *et al*, [20] have reported that anxiety was higher among subjects in the age group 35-44 years. None of the studies showed statistically significant difference.

The sense of fear to stimuli varies noticeably because each individual has special fear responses due to different stimuli during dental treatments. This study revealed that feeling the vibrations of the drill and feeling the needle injection were the most common fear from dental procedures. This is consistent with previous studies [9, 17, 21, 22]

CONCLUSION:

It can be concluded from the present study that the prevalence of dental anxiety and fear was relatively more in this south Indian Tamil speaking population and men were more anxious about dental visits. Among the dental procedures, tooth drilling and local anaesthetic injection, were most common reasons for anxiety. More information should emerge in this field since specialties in dentistry are becoming more available to the public, and except for paediatric dentistry, none has given adequate attention regarding patient management prior to and during specific dental treatments. The development of dental anxiety can be minimised with pain control, behaviour

management, and consideration of patient as a whole. The inclusion of behaviour sciences in dental curriculum and the integration of ethical considerations in the field of dental educations could help to improve the scenario.

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How Do Javaneese Employees Perceive About Their Job ? :

A Study of Javanese Employees Work Value

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ABSTRACT

Work value refers to an individual's perception about work and relates to the meaning an individual assign to work. The brilliance of an organization very much depends on an individual's work value, as work value affects organizational behavior, performance, productivity, and organizational commitment. Work value also has its foundation on the cultural background that someone is exposed to, as different cultural values/norms have different influence on an individual's cognition, emotion, motivation, and behavior. Therefore, a cross-cultural study that compares relationships between work attitude and aptitude at various cultural levels is required.

This research is aimed at finding out the definitions work values hold by Javanese employees, because Javanese is one of the ethnics in Indonesia with its unique and typical custom. This research uses Indigenous Psychology. The participants were 700 employees of Javanese descent. The sampling method used was snowball sampling, in which the researcher randomly sample respondents that met the criteria, and they were then given the questionnaires.

Research findings suggest that respondents define work as activities to fulfill family welfare, do something meaningful, carry out religious teaching, apply knowledge and add new insight. The research found seven main Javanese work values, which are discipline, loyalty, honesty, responsibility, totality, good relationship with co-workers, and enthusiasm. Furthermore, the results showed that the most attainable values through working are keeping busy, gaining status and gaining freedom.

Keywords: *work values, Javanese, employees*

Value is an important variable to comprehend someone. Understanding value is crucial since it reflects belief for behaving and determining standard of life. Value is related to the way someone makes perception around. Furthermore, value influences someone's attitude, motivation

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-and behavior. Prior research indicates that value is strong motivational forces which influence someone's behavior (Meglino & Ravlin, 1998). Thus, value explains someone's choice about what the right or wrong is and what he likes or dislikes.

Various research has defined value since 1970's. An early definition by Rokeach (1973), states that value is enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end state of existence. Rokeach divides value in two types, instrumental and terminal value. Instrumental value relates to the preferable modes of conduct, on the other hand terminal value has relationship with preferable end-states. In addition Rokeach states that individual value system has two value types (instrumental and terminal). Every person has two different preferences on terminal or instrumental value.

Another research about value was developed based on previous research by Milton Rokeach. Zedeck (1997) defines work values as goals that people strive to attain by working. Similar to Zedeck, Super (1973) defines work value as someone objective that will be attained to satisfy him/her. Work value is the quality needed by employee from the job (Abboushi, 1990). It means that work values reflect the relationship between need and satisfaction (Abboushi, 1990). Furthermore, work value can be defined as a quality needed by someone toward the job (Ben-Shem & Avi-Itzhak, 1991). Dose (1997) make definition about work value as a standard to evaluate the job to be right or wrong. In conclusion, value has two dimensions which are moral dimension (someone will consider something as right or wrong , and desire dimension (someone will consider something to be liked more than other things).

In organizational context, work value has significant implication for explaining the way someone behaves. Many previous research has rationalized the influence of work value on work behavior with the result showing that behavior is a manifestation of value. Smith's work (1949) already formulated that value is a determinant of work attitude, whereas attitude is work behavior predisposition. In addition, work value is able to predict employee responsibility, pride, and seriousness toward the job (Sulastiana, 2008). If someone is unable to meet his/her work value through the job, he/she may experience job dissatisfaction (Mitra, Jenkins & Gupta, 1992). It means that work value could be used to explain differences in someone's performance and to predict job satisfaction (Hoppe, 1990).

To add, work value has significant role on determining job commitment (Meiyanto & Santhoso, 1999), developing a committed workforce (Li, 2008) and preparing organization to be able to function well during periods of change (Li, 2008). By understanding employee work value, organization will be easier to get through negotiation (Graham, Mintu & Rodgers, 1994), to assist in developing reward systems (Kim, Park & Suzuki, 1990), affect leadership and management style (Hoppe, 1993) and to facilitate communication (Varner & Beamer, 1995).

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Work Value and Culture

Work value and cultural background can't be separated. Hofstede (1980) clearly describes many variations of work value from different cultures. Furthermore, Ronen and Shenkar (1985) found that work value is significantly and consistently different from one culture to another.

Nowadays, organizations in Indonesia still adopt research result or theories from west countries especially USA. Meanwhile, many cross cultural research about work value is limited to replicate theory which exist today, for instance Maslow, Herzberg and McClelland theory (Hoppe, 1990). Whereas, previous research (Hofstede, 1980; Hope, 1990) conclude that theories made from west country (which have individual value) have limitation to explain the phenomenon in other countries specifically in Indonesia which has collectivism value.

Referring to the argument of Markus and Kitayama (1991) who rebut the notion that western theory can be generalized to other cultures as well, there is the need for a cross-cultural research that compares relationships among work attitude at certain levels of different cultures in many nations. Markus and Kitayama based their argument on the fact that cultural values influence individual cognitive, emotion, motivation, and behavior.

Some researchers argue that certain cultures influence work attitude as different nations promote different set of cultures (Hofstede, 1980; Woo, 2009). According to Hofstede (1980), people take situations differently because they are conditioned by different education and life experience shaped in their separate cultures. Therefore, an individual's cultural background plays an important role in shaping his/her attitude and behavior. Hofstede also defines culture as a collective programming on how to think, act, and behave that result in different aspects in a person's life that include belief, attitude, and behavior. This means that culture nurtures an individual's belief, attitude, and behavior in a special in the process of collective learning. It is clearly seen that culture must have special attention especially when we make a research about value.

Based on the explanation before about the urgensi of understanding work value in cultural context, this research try to explore Javanese employees work value. Javanese employees are chosen because Javanese is the largest ethnic in Indonesia which have unique characteristic. Javanese life has a form of community. Among the community of kinship, mutual cooperation and divinity (Herusatoto, 2003). Living together implement mutual assistance, is typical of the family. Java community is not a fellowship of individuals, but one unified form of "one for all and all for one" (Herusatoto, 2003). Moreover, according to the Herusatoto (2003) Javanese attitude to life has character and commendable behavior is called "rila" or willing, "narima" or accept the fate he received, friends or loyal to the promise, patiently or field chest, and "Budi luhur" or have a good mind.

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METHOD

This research uses indigenous psychology approach. Indigenous psychology is an approach that stresses on studying the way people act and think within their cultural context. (Kim and Berry, 1993)

Participant

The participants are 700 Javanese employees in Java. The criterion for 'employee' is people working for private or national corporations in Java.

Data Collection

The tool used to collect data in this research is open-ended questionnaires and value scale. The sampling technique used is the snowball sampling method in which the researcher contacted qualified volunteer samples and asked them to recommend a colleague, relative, or acquaintance that they deem suit the criteria of a respondent the researcher needs. The followings are questions respondents were subject to:

Table 1. The List of Unit Analysis

Unit analysis	Sub unit analysis	The tools used
Work Value	The definition of <i>work value</i>	Open-ended questionnaire
	Factors affecting <i>someone working</i>	Open-ended questionnaire
	Work value	Open-ended questionnaire
	The most attainable value through working	Value Scale (adapted from Ucanok, 2008)

Data Analysis

The data collected using the open-ended questionnaire are analyzed with indigenous psychology approach (Primasari and Yuniarti 2012). The stages include preliminary coding, categorization, axial coding, and cross-tabulating (Primasari and Yuniarti 2012). Preliminary coding is conducted by selecting responses according to their similarities. Similarities are not determined by the researcher's interpretation but exactly what the respondents say during the survey. Initial axial coding is identifying and making the researcher familiar with response from participants. Axial coding is carried out by combing similar answers and then they are coded and categorized. Coding is made many times as response diversity requires. Cross-tabulation is then made to show the many responses of existing groups. These analyses are conducted by dividing questions into categories based on a frequency table.

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RESULT

Definitions of work

Javanese employees define work in seven concept. They define work as activities to fulfill family welfare, do something meaningful, carry out religious teaching, gain self actualization, apply knowledge, and to add new insight. Table 1 describes the result.

Table 2 : Definition of work

Definition of work	Percentage
Work is activities to fulfill family welfare	52.23 %
Work is activities to do something meaningful	16.96 %
Work is activities to carry out religious teaching	12.20 %
Work is activities to gain self actualization	7.75 %
Work is activities to apply knowledge	6.10 %
Work is activities to add new insight	4.76 %

Factors affecting someone working

Table 2 shows the factors affecting someone working. The main reasons are to maximize their life, success and fulfill welfare.

Tabel 3. Factors affecting someone working ?

Factors affecting someone working	Procentage
To gain life satisfaction	48.49
As a key of success	43.96
To fulfill daily needs	7.55

Work Value

Tabel 4 shows respondents values of work. The values are discipline, loyalty, honesty, responsibility, totality, good relationship with co-workers, and enthusiasm.

Tabel 4. Values of work

Value	Procentage
Discipline	16.79
Loyalty	16.73
Honesty	16.62
Responsibility	16.32
Totality	14.53
Good relationship with co-workers	11.56
Enthusiasm	7.43

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Attainable values through working

Table 4 describes the attainable values through working. It is divided into three dimensions, individual dimension, normative dimension and worldly dimension. Table 4 shows the differences between man and women respondents.

Table 4. Attainable values through working

	Work Value	Man		Women		All	
Individual Dimension	To gain information	5.97	8.67	7.46	9.69	6.72	9.18
	To gain freedom	9.73		11.24		10.49	
	To have an active life	9.04		7.72		8.38	
	To keep busy	11.6		15.06		13.33	
	To find meaning in life	6.99		6.96		6.98	
Normative Dimension	To fulfill religious duty	8.02	7.42	6.67	7.13	7.35	7.28
	To contribute society	7.17		9.27		8.22	
	To create order	7.51		6.96		7.24	
	To avoid negativity	6.99		5.6		6.29	
Worldly Dimension	To make a living	8.36	8.99	5.94	8.56	7.15	8.34
	To gain status	11.77		11.52		11.64	
	To enjoy life	6.85		5.6		6.23	

DISCUSSION AND CONCUSSION

Based on common overview, work is part of human life to earn money, to defend the life and to fulfill family welfare (Anoraga, 2006). It means that working is an activity which motivated by economic needs. The research result shows that Javanese employees work not only for economic value but for another reason which highest than it; that are to do something meaningful, to carry out religious teaching, to gain self-actualization, to apply knowledge and to add new insight. One of the definition is founded different from other is 'work as activities to carry out religious teaching'. This is because Javanese people believe in God as the central of the world (Damami, 2002). The God provides everything for human being. The implications of this believe is people must serve the God and obey the God rules. Javanese have faith that God has set the fortune for each person therefore people do work to serve the God and they will receive fortune (Soesilo, 2006).

Javanese employees believe that work is not only to fulfill need of life but also achieving life satisfaction and meaning of life. Sibagariang (2011) said, as far as they enjoying the work and doing it as good as possible then they will get fortune from other sources even though their main work is not able to give a lot of money. They believe that God bless people who always be grateful (Soesilo, 2006). The God will grants goodness of life for grateful people in variation ways, a lot of money, health or life satisfaction (Sibagariang, 2011).

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Javanese employees believe, they will enjoy working if they meet the requirements of work, that are discipline, loyalty, honesty, responsibility, totality, good relationship with co-workers and enthusiasm. The value of good relationship with co-workers arises because Javanese people are known as people who try to maintain good relation with others. This refers to Javanese cultural value which reflects the nature of cooperation as mutual cooperation, mutual help, feeling the same boat in joy and sorrow. Therefore, the implementation of Javanese phrases “Saiyek saeko praya” that means working together to achieve a common goal (Herusatoto, 2003).

Javanese people live in collective culture so they realize that have good relation important. This situation makes them not able to show assertiveness (Margareth, Kusrestuwardhani, and Alkadri, 2002). They have high tolerance in disagreements in order to maintain good relation with others (Christina and Adrian, 2004).

Finding about the most attainable value through working shows that Javanese employees are dominated by individual dimension, wordly dimension and then normative dimension. The results indicate that ‘to keep busy’ and ‘to gain status’ are dominant than another. Women employees are high in individual dimension, meanwhile the men’s are high in wordly dimension.

These results contribute to understand Javanese culture. Furthermore, it is needed to do more measurement and involve many variables to get comprehensive understanding about the affect of Javanese work value to many areas of management.

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Impact of Parental Involvement towards School Education between Boys and Girls

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ABSTRACT

Children are the building blocks of the nation and home is the first and most important school for the child, will ever have. Parental involvement has been recognized as the most important factor to influence the childhood and adulthood. Any enrichment programme, for maximizing the potentials of all the children has to have active parent-child interaction. The role of parents in bringing up their children is quite important both in terms of their devotion with respect to time spent with them, money and other consideration. Parents transmit the culture and custom of society to the incoming generation. Parent involvement implies how the parents involve themselves in developing overall personality of the child. It may be described as the allocation of resources to the child's school behavior. Parents' involvement in education either in school or at home, will create a partnership between school and parents. The resulting partnership between parents and school will develop effective communication from home to school and school to home.

The main objective of the present study was to compare the parent knowledge, attitude and involvement towards school education between boys and girls children. Data was collected with the help of standardized tool 'Parent Involvement Scale' by Dr. Rita Chopra and Surbala Sahoo. Sample size was 100 boys and girls of IVth and Vth Standards, will be selected from Agra city. Analysis of data was done by percentile technique. Findings of the study indicate that involvement of parents towards boy is more than girls. Although they support both of them but in some areas like tours from schools, outdoor group study, financial matter etc, they still ignore girls.

Keywords: *Parental Involvement towards, School Education*

Parental involvement has been recognized as the most important factors to influence the childhood and adulthood. Parental involvement has been defined as participation in school meetings and events, communication between school and home, involvement in parent – teacher organizations (PTOs) and school activities, supervision and help with homework, reading or other educational activities at home and planning for the future.

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According to Gandhi Ji (1869-1948), “There is no school equal to decent home and no teachers equal to honest virtuous parents”.

The role of parents in bringing up their children is quite important both in terms of their devotion with respect to time spent with them, money and other considerations. Parents contribute in many subtle ways to the development of children’s general interests, welfare, discipline, interaction with one another, leisure time activities, academic growth and vocational plans.

Parental involvement implies how the parents involve themselves in developing overall personality of the child. All the parents have expectations, likes and dislikes and preferences regarding how children should be handled, brought up and educated. When parents are rational and their attitude towards their children is logical and considerate, it is sure to pick up a behavior pattern, which is analytical and co – operative. In case parents are too emotional and their attitude is non – rational and they act more in terms of expediency in an authoritative manner the child will fail to attain proper emotional training thus lacking in emotional normality.

Most of the parents expect better performance from their children in the school. They become happy if their perform better as compared to other peers in their class. Due to this reason parents wants to spend more time for the development of their children but at parents in the industrial areas have less involvement with their children in the home and school activities. The personality of the child mostly depends on the involvement of their parents in their school and day to day activities.

Midraj and Midraj (2011) studied on 63 female and 68 male fourth-grade students found that parents’ education level and occupational status influence student’s reading achievement. The results also noted that parents who provided more learning resources for their child and who were more involved in literacy activities at home also were associated with their child’s reading achievement.

These days’ parents support their children in their education but they more support boys than girls. Although they support girls too, but in some cases they ignore them like outdoor group studies, tours, financial matters etc. Girls are more close to their family especially their father but still they have some insecure feelings regarding their daughters. So they avoid their daughters’ trips and outdoors hangouts and all.

Research suggests that both, sex of parent and sex of child may affect parental effects. For example, a consistent finding is that fathers in two-parent families are more likely to be involved in the care of sons than daughters whereas mothers do not seem to differentiate their involvement between sons and daughters Wood and Repetti (2004) further corroborated this distinction with the finding that fathers, but not mothers, engage in more interactions with their sons than their

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daughters over time. As their sons get older, fathers engage in more play, companionship, and school-related activities with them.

The relationship which parents establish with their children has a powerful influence upon the development of the personality of the child. Generally speaking, if parents are relaxed, affectionate, mature, caring and understanding, children will grow normally and become happy, socially useful adults.

OBJECTIVE

To compare parent's knowledge, attitude and involvement towards school education of girl and boy children.

METHODOLOGY:

Sample Selection: - The study was conducted in urban area of Agra city as it was convenient to the researcher. Sample of 100 children (Boys-50, Girls-50) were selected randomly for the present study. The Stratified Random Sampling Technique was used for the selection of the unit of information.

Tool: - In the present study, a standardized schedule “**Parent Involvement Scale**” by Rita Chopra and Surabala Sahoo was used to collect the data.

Analysis of Data: - The collected data was analyzed by percentile technique.

RESULT AND DISCUSSION: -

The collected data was tabulated and the results obtained are presented under the following tables:-

Table 1:- Distribution of respondents according to school involvement.

	Boy (n=50)	Percentage (%)	Girl (n=50)	Percentage (%)
School Involvement	40	80%	33	66%

Table 2:- Distribution of respondents according to Home Involvement

	Boys (n=50)	Percentage (%)	Girl (n=50)	Percentage (%)
Home Involvement	43	86%	39	78 %

Table 3:- Distribution of respondents according to Involvement through Parent Teacher Association

	Boys (n=50)	Percentage (%)	Girls (n=50)	Percentage (%)
Involvement through PTA	41	82%	37	74 %

CONCLUSION

Parental involvement gives an important influence on children's academic performance. But sometimes they create some differences between their son and daughter. Results indicate that at school level, they are more supportive for boys (80%) than girls (66%) because they do not allow doing their daughters some outdoor activities with their friends. But at home level and in parent-teacher association, their involvement is almost same. As at home level parents support boys at 86% and girls 78%. Same as in parent teacher association parent takes participation in meetings at school at 82 % for boys and 74 % for girls. These differences may be occurring due to the interaction of father and mother with their children. Study by Pomerantz (2004) revealed that fathers' parenting was more closely associated with daughters' school adjustment than sons'. In turn, maternal interpersonal involvement was more allied with sons' enjoyment of school than daughters'.

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Psychoastrotherapeutic Effect on Pathological Gamblers and their Follow-up

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ABSTRACT

The present study examines the effectiveness of psych-astrotherapy on pathological gamblers. 75-Pre-treated and 75Post-treated pathological gamblers were evaluated at S. I. Mental and Physical Health Society (SIMPHS) Varanasi district in India. These groups were matched on age (range 19 to 44 years with a mean age of 29.6 years and they had gambled for an average of 12.5 years with a mean length of uncontrollable gambling of 9.7 years). Indian adaptation of T.A.T. (Seven cards) 1, 3B, 4, 6BM, 7BM, 13MF was used to ascertain personality characteristics on the four selected dimensions viz: need, press, interpersonal relations and outcome. Mean scores obtained on different variables were analyzed using t-test of significance. Results indicated that the characteristics associated with Post- treated pathological gamblers were cognizance, dominance, autonomy, achievement, counteraction, affiliation, sex capacity, interpersonal relations and outcome whereas the characteristics associated with Pre-treated pathological gamblers were aggression, rejection, passivity, acquisition, and press.

Keywords: *Psychoastrotherapeutic, Pathological Gamblers*

Pathological gambling was recognized as a psychiatric disorder in the DSM-III, but the criteria were significantly reworked based on large scale studies and statistical methods for the DSM-IV. As defined by American Psychiatric Association, Pathological gambling is an impulse control disorder that is a chronic and progressive mental sickness. In February, the American Psychiatric Society made headlines when it announced proposed changes to its encyclopedia of mental illness, the Diagnostic and Statistical Manual of Mental Disorders (DSM). Though the new version of the manual, DSM-V, will not be published until 2013, the suggested revisions already have incited vigorous debate about a wide range of issues, including gambling.

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The DSM-arguably one of a clinician's most important tools-dictates the diagnosis and treatment of thousands of mental illnesses, from adjustment disorders to sleep disorders. Changes to the manual influence not only the field of psychiatry; they also have profound implications for the academic, pharmaceutical and legal communities as well. There are some studies which is related to the pathological gambling Leary and Dickerson (1984) shows that exposure to gambling cues did not alter base line arousal in their high or low frequency poker machine players. Playing was associated with increased arousal in both groups, significantly so for the high frequency players. Their mean heart rate increase of 13.5 beats / minute was lower than that observed by Anderson and Brown (1984) but was most likely accounted for by differences in stimulated versus actual gambling conditions and average bet siz. Increased subjective ratings of anxiety as measured by a shorted from of the Speilberger's State-anxiety Inventory paralleled heart rate increases. Custer and Custer (1970) surveyed 150 Gamblers Anonymous members attending a conference and found only five percent had reported early, premorbid sociopath behaviors. Sharma and Sharma (2001) also have disclosed in an International conference after the long experience of the treatment of pathological gamblers that behavior therapy is very effective in comparison to the psychoanalytic therapy. Mc Cormic Russo, Ramirez, and Taber (1984) reported 76 percent of a sample of 50 gamblers seeking treatment to meet Research Diagnostic Criteria for major depressive disorder. Fourteen of their subjects reported that the depression commence prior to the emergence of their compulsive gambling. Ferioli and Cimenero (1980) describe similar characteristics in their gamblers: depression, low self esteem, lack of assertiveness, inability to handle stress and the inability to identify or express feelings. Sharma and Sharma (2008) used Eysenck Personality Questionnaire and revealed that treated pathological gamblers had significantly higher on extraversion and lower on neuroticism, psychoticism and lie, and group therapy is more effective techniques for the treatment of pathological gamblers as compared to the individual counseling (Sharma and Sharma,2008) . Some other recent study of Sharma and Sharma (2009) used meditation and psychotherapy on pathological gamblers and disclosed that these two techniques are more useful for the treatment point of view, and vipassana meditation is also one of the most important techniques for the treatment of pathological gamblers (Sharma and Sharma 2009)

PSYCHOASTROTHERAY:

Combination of psychotherapy and astrotherapy is known as psychoastrotherapy. Psychoastrotherapy is a new technique which has been developed for the treatment of mental patients. The position of planets in horoscope plays an important role to the origin of mental sickness. So, knowledge of astrology is must for any clinical psychologist besides psychotherapy. At present era science has proved that planets are directly/indirectly effect on human's body and mind. After the analysis of horoscope and the position of planets appropriate suitable stones and Indian Vedic Mantra as well as psychotherapy were used for the treatment of mental patients (Sharma and Sharma, 2013)

There is a number of therapeutic techniques are available for the treatments of pathological gamblers. Psychodynamic psychotherapy attempts to uncover any underlying psychological factor that trigger the gambling. For people who can gamble to escape, such as those who are depressed, this approach may

be successful. Treating any substance abuse problems that may exist with the pathological gambling can also be helpful. Other types of treatments involve behavioral techniques used to teach relaxation and avoidance of stimuli associated with gambling. Aversion therapy appears to be successful in treating pathological gambling disorder in highly motivated patients with some insight into the problems, but is not helpful for patients who are less educated or resistant to behavioral methods or treatments. Psychotherapy is the treatment, by psychological means of problems of an emotional nature in when a trained person deliberately establishes a professional relationship with the patient with the object of (1) removing modifying or retarding existing symptoms, (2) mediating disturbed patterns of Behaviour and (3) promoting positive personality growth and development. Psycho-astrotherapy is also one of the effective and new Indian technique which is developed by Indian psychologist (Sharma and Sharma, 2013).

Psychotherapy is procedures in which persons with mental disorder interact with a trained psychotherapist who helps them change certain behaviors, thoughts or emotions so that they feel and function better. Group therapy is also a type of procedure in which several people discuss their problems with one another under the guidance or leadership of a trained therapist. So, we have decided to see the effectiveness of counseling and group psychotherapy on pathological gamblers which was compared on the Projective Test by Chowdhury (1967).

MATERIALS AND METHOD:

This scientific study was consisted at S.I. Mental and Physical Health Society (SIMPHS), Varanasi, India. The sample compared of 75 Pre-treated and 75 Post-treated pathological gamblers between the ages ranges of 19 to 44 years with a mean age of 29.6 years. Both groups were matched on socio-economic status. All the subjects had gambled for several years and were gambling over half their weekly income. After counseling group psychotherapy was provided by a group of three experts' clinical psychologists of the study to post-treated group. Time allotted to each group session about 60-90 minutes at a particular date, and place for six months. In 1st month-4 times /week, 2nd months-3 times/week, 3rd months-2 times/week, 4th months-1 time/week, 5th months-1 time/10 days and 6th months-1 time/15 days.

Tools:

Thematic Apperception Test (Chowdhury, 1967) was administered to the ascertain personality characteristics of Pre-treated and Post-treated pathological gamblers

Statistical Analysis:

The obtained data of pre-treated and post-treated pathological gamblers on these two tests were scored and analyzed using Mean, S.D. and 't'-test.

RESULTS AND DISCUSSION:

An attempt was made to compare mean scores of Pre-treated and Post-treated pathological gamblers on need, press, interpersonal relations and outcome variables using 't'-test of significance. Results of such comparison are given in table no.1 and 2 respectively.

Table1 Comparison of Pre-treated and Post -treated Pathological Gamblers on Need Variable.

Needs	Pre-treated Pathological Gamblers		Post-treated Pathological Gamblers		't'-value	df.	p.
	M	SD	M	SD			
Cognizance	3.34	2.01	4.09	1.66	2.58	148	.01
Aggression	9.35	2.00	7.69	2.04	5.18	148	.01
Dominance	9.58	1.65	11.04	1.82	5.03	148	.01
Rejection	3.78	1.81	2.97	1.87	2.79	148	.01
Autonomy	4.43	1.99	6.12	1.97	2.25	148	.01
Achievement	8.23	1.87	10.76	1.96	7.90	148	.01
Passivity	2.01	1.00	1.87	1.01	0.93	148	N.S
Harm-avoidance	1.09	1.02	2.36	1.06	7.87	148	.01
Counteraction	2.03	0.97	3.32	1.17	7.58	148	.01
Affiliation	3.99	0.98	4.98	1.34	5.50	148	.01
Acquisition	3.29	1.00	2.86	0.99	3.07	148	.01
Sex	5.97	1.99	7.35	1.21	5.30	148	.01

It is depicted from the table no.1 that the pre-treated and post-treated pathological gamblers on need variables found that the two groups differ significantly on cognizance, aggression, dominance, rejection, autonomy, achievement, counteraction, affiliation, acquisition, and sex and post-treated pathological groups having higher mean scores on cognizance, dominance, autonomy, achievement, harm-avoidance, counteraction, affiliation and sex needs of which pre-treated pathological gamblers do have higher mean scores on aggression, rejection, and acquisition. It indicates that post-treated pathological gamblers had better cognizance, dominance in nature, autonomy in behavior they always think about their achievement; counteraction, affiliation, and sex were the main needs. Pre-treated pathological gamblers were more aggressive, rejected from family and society, and have less passivity as capacity is not a good an effective of life. In a study of Sharma and Sharma (2008) revealed that non treated pathological gamblers were aggressive in nature, tough minded and dominating personality. In another recent study of Sharma and Sharma (2009) reported that treated pathological gamblers were associated with dominance, autonomy, achievement, harm-avoidance, counteraction affiliation and sex, and this finding of the study is quite similar to the present study.

With a view to comparing mean scores of Pre- treated and Post- treated pathological gamblers on press, interpersonal relations and outcome variables using 't'-test of significance. Results of such comparison are given in table2.

Table 2 Comparison of Pre-treated and Post-treated Pathological Gamblers on Press, Interpersonal Relations and Outcome Variables.

Variables	Pre-treated Pathological gamblers		Post-treated Pathological gamblers		't'-value	df.	p.
	M	SD	M	SD			
Press	3.96	1.27	2.31	1.39	7.14	148	.01
Interpersonal relations	2.81	2.01	4.01	1.87	3.52	148	.01
Outcome	1.83	1.09	2.87	1.81	4.00	148	.01

It is obvious from the table no. 2 that the press, interpersonal relations and outcome, the two group's i.e., pre-treated and post-treated pathological gamblers do differ significantly on press, interpersonal relations and outcome variables. The pre-treated pathological gamblers do have higher mean values on press variable and lower on interpersonal relations and outcome variables. This means it is quite fact that interpersonal relations was better and they did like to adjust in social situation. In a study of Sharma and Sharma (2009) used same test., and revealed that characteristics associated with treated pathological gamblers are press and interpersonal relations. This finding of the study is quite similar to the present finding.

Table-3, 18 Months Follow-up of Pathological gamblers

Pathological gamblers	N	Not seen Compulsive symptoms
Treated Pathological gamblers	75	75
Reporting after 1 st months	74	74
Reporting after 2 nd months	74	72
Reporting after 3 rd months	74	73
Reporting after 4 th months	72	70
Reporting after 5 th months	72	71
Reporting after 6 th months	70	70
Reporting after 7 th months	71	70

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Reporting after 8 th months	69	68
Reporting after 9 th months	65	65
Reporting after 10 th months	65	63
Reporting after 11 th months	63	61
Reporting after 12 th months	63	63
Reporting after 13 th months	65	63
Reporting after 14 th months	65	63
Reporting after 15 th months	64	62
Reporting after 16 th months	63	62
Reporting after 17 th months	62	61
Reporting after 18 th months	63	63

Table-3 Month wise follow-up was given in the above table. After 1st month 75 pathological gamblers did not complaints compulsive symptoms out of 75 subjects. After 2nd month 74 pathological gamblers were reported at the centre but 74 were not complaints any type of compulsive behaviour which were related to the gambling. After 3rd months same number of the subjects was reported and 72 subjects were not reported any type of compulsive symptoms. After 4th months 74 pathological gamblers reported and 73 were not feeling any kind of compulsive symptoms. After 5th months 72 patients were reported and 70 pathological gamblers were not complaints any type of compulsive symptoms. After 6th months 72 pathological gamblers were reported to the centre for follow-up and same subjects were reported not any type of compulsive symptoms. After the 7th months of follow-up 70 experimental groups of pathological gamblers were attend to the centre and 70 subjects not complaints any kind of compulsive symptoms. , In 8th months 71 pathological gamblers were reported and 70 subjects were not complaints compulsive symptoms. After 9th month 69 pathological gamblers were participated follow-up session and 68 were not in compulsive symptoms. In 10th month 65 pathological gamblers were reported at the centre and same numbers of subjects were found compulsive free behaviour. After 11th months 63 numbers of pathological gamblers were not complaints compulsive behaviour out of 65 subjects. After 12th months 63 pathological gamblers reported and 63 were not feeling any kind of compulsive symptoms. After the 13th months of follow-up 65experimental groups of pathological gamblers were attend to the centre and 63 subjects not complaints any kind of compulsive symptoms. , In 14th months 65 pathological gamblers were reported and 63 subjects were not complaints compulsive symptoms. After 15th month 64pathological gamblers were participated follow-up session and 62 were not in compulsive symptoms. In 16th month 63 pathological gamblers were reported at the centre and same numbers of subjects were

found compulsive free behaviour. After 17th months 62 numbers of pathological gamblers were not complaints compulsive behaviour out of 61 subjects. After 18th months 63 pathological gamblers reported and 63 were not feeling any kind of compulsive symptoms. So it is clear from this study that psychoastrotherapy and vipassana meditation is more effective technique for the treatment of pathological gamblers. Sharma, Sharma and Upadhyay (2013) reported in a recent study that behaviour therapy, meditation and astrotherapy are more effective techniques for the treatment of pathological gamblers. This result was found after the 7th months of follow-up.

CONCLUSION:

The result has shown on need and press that the characteristics associated with post-treated pathological gamblers are cognizance, dominance, autonomy, harm-avoidance, counteraction, affiliation, sex, interpersonal relation and outcome whereas characteristics associated with pre-treated group of pathological gamblers are aggression, achievement, acquisition and press. So it is clear that psychoastrotherapy technique is just like a panacea for the treatment of pathological gamblers. In other words this technique is more effective for the treatment of pathological gamblers.

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Subjectivity in Construction: Situating Desire and Pleasure in Heterosexual Relationships

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ABSTRACT

The present research work Subjectivity in Construction of heterosexual relationships is an attempt to understand the gender positions taken up by men and women with regard to desire and pleasure in heterosexuals. This requires an insight into the developing sexual selves of the participants. Using the qualitative technique of discourse analysis, the focus was to cultivate an image of the sexual life of these young people such that one is able to see how the elements in the construction of their sexuality have coalesced resulting in the current positions. It became evident through an analysis of the narratives, that women were very much creatures of desire and pleasure who thought about their sexual nature, their needs and fantasies. They had no qualms in admitting and accepting the same to not just themselves but also to the external world. Among the men, it was seen that men were not uni-dimensional, single-minded and self-centered with regard to sex. Intimacy and emotionality were very much part of their sexual repertoire. Thus, the focus here has not been to complete the jigsaw but to understand how these pieces have come to be a part of this puzzle, being completely aware that the results would only be an entry point to understanding how these complex structures come about.

Keywords: *desire, emotionality, heterosexuals, intimacy, relationships.*

We have often heard that sex is biological and gender is societal or psychical, but for me this statement does not conclude here, it sparks off a burning desire to know something more about how this phenomenon has come about. However, it is interesting to see how these two seemingly disparate notions coalesce in our minds when it comes to our understanding of sexuality. In a country like India, where sex is still a taboo and spoken about in hushed terms, even though we all have certain principles and ideals that we want to live our lives by, some of us have the strength to do so and then there are others who want to do so but cannot handle the pressure when external forces encroach upon their peace of mind and societal ideals are in conflict with individual standards. It is here that we sometimes lose the war. We allow these external forces to shape and sometimes, completely take over our psyche with regard to certain ideas.

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Thus, I knew that I wanted to study sexuality and after introspecting I came to the conclusion that I wanted to study the notions of desire and pleasure within the ambit of heterosexuality. I realized that in order to do this I would need question the construction of the sexuality of young men and women in India. I wanted to know the sexual history of these individuals in order to become acquainted with the constituents that espoused their own understanding of themselves with regard to sexuality. I realized that both the male and female perspective was imperative in this study because after all femininity and masculinity are two sides of the same coin. If women take up certain subject positions in heterosexuality, it is because some other subject position has been adopted by men. Being a woman myself, the focus was on other women and how they constructed their sexuality, but then realized by focusing on women alone, we were marginalizing the experiences of men. It's true that lens was feministic; however, taking into account the history of the developing sexual character of the male gender would further enrich the research and help to understand the notion of construction with regard to gender. It would be interesting to see how men and women belonging to similar age-groups and similar social backgrounds responded to certain subjectifications and established themselves within those discourses. The research question that would be the fulcrum of this study would then be, the notions of desire and pleasure and how the participants situate themselves in their relationships with regard to these discourses of sexuality. The attempt is to understand the constructions of sexuality of young men and women where the focus would be to get to know the sexual lives of the young participants so as to gain insight into their developing sexual selves in order to see the changes that have occurred over a period of time and the possible factors that might have influenced this. The final analysis would include a collating of all the narratives based around certain themes in order to sharpen the variety of responses to them in light of the individual histories of the participants.

This research could be an entry point into whether there has been a shift in the way sex is understood in our society, if yes, then what does the future hold in terms of the way sexuality is perceived in India? And if not, then what is it that is holding us to our place in the same stagnant pool of our own characterizations? The subject matter that becomes the fulcrum of this study is the developing sexual self with regard to the notions of desire and pleasure, and the changes that have taken place over time with regard to the same underscoring the possible reasons that supplement these changes. The qualitative nature of this research would not only help us answer the research questions, but would also help us see why and how these images have taken shape in the psyche of the social order and whether or not there is evidence of a change in the cognizance that makes us who we are.

REVIEW OF LITERATURE

Wendy Hollway (1984) was a big inspiration throughout the course of this study. Her work on feminist discourses and women's heterosexual desire and gender subjectivities propelled the content of the research forward in a big way. She was criticized for this article on the premise that when an account is based on women's desires which do not simply reflect the patriarchal

contours of male dominance through heterosexuality; it contradicts an analysis which recognizes those wider inequalities. There is a proclivity to dismiss such desires because they are “ideologically constructed in discourse”. Thus, it can be inferred from what Hollway’s detractors have implied that there is no place for a woman’s desire and pleasure in heterosexual sex. This is further reiterated in Brown’s critique of Hollway’s significations of openness and giving in heterosexual penetration, in saying that these notions come close to the “pseudo-reciprocal gift discourse”, in which the woman gives herself to the man (her body, her virginity) and the man reciprocates by satisfying her in the form of an orgasm.

Michelle Fine’s (1998) article on ‘Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire’ is also relevant here. She, in her exposition into the field of sex education in American public schools expounds on the discourse of desire which remains a whisper inside the official work of these schools. The naming of desire, pleasure or sexual entitlement particularly for females barely exists in the formal agenda of sex education. When talked about, it is in the context of “consequences”, of emotional, physical, moral, reproductive or financial nature. The conversation represents females as the actual and potential victims of male desire. Female victimization is communicated as constructed within sexual relations with men. These views assume that if girls abstain from pre-marital sex with boys, this victimization can be avoided. A genuine discussion with regard to desire would take into account what feels good and bad, desirable and undesirable, experiences, needs, limits and responsibility. Such a discourse would free women from the position of receptivity and potential exploitation and encourage women to feel no shame or embarrassment in accepting that they are creatures of desire as well and that they have every right to assert this desire through assent and choice. In this way sex would no longer be the forbidden fruit and the young adults would be in a position to make an informed choice not just by possessing the facts about sexual inter-course but also by better understanding themselves sexually. This would also help situate adolescent females as subjects of sexuality, in the role of initiators as well as negotiator

The overriding question that arises here is that is female sexuality constructed from within masculinity and whether young women have ‘a male in the head’ that prevents them from fully experiencing and enjoying their sexual experiences on their own terms. A research by Tolman (2002) is relevant to this idea which examines heterosexual femininity as a project concerned with making oneself desirable rather than with feeling and expressing sexual desires. The male sex-drive discourse is inherent in these constructions as it says that men have a natural, biologically based need for sex while women are driven by a need to reproduce. Women are positioned in this construction as passive more than active subjects. Women act in response to male initiative rather than basing their actions on their own need, own desires, own choices. Though many women try to resist or negotiate with these subject positions, however, years old socializations are not easily done away with. Deviation from what considered “normal” sexual behaviour or thoughts often is accompanied by feelings of guilt, shame and confusion for women.

In a subsequent work, Tolman (2004) relays the experience of listening to boys talk about their heterosexual experiences, relational and sexual, in early adolescence, and hear the tension in

their narratives between their longing for intimacy and attachment and the social pressure they are under to commodify sex and objectify girls in the name of establishing their masculinity (An associated discourse is that of romance. According to Margaret Wetherill (1995), romance is also gendered. Typically, especially in the stereotypical Mills n Boon genre of romantic fiction, the women is supposed to do the romance, the man is supposed to do the sex. Anthony Giddens (1992) in his book titled, 'Transformation of intimacy', further reiterates this when he says that the rise of the notion of romantic love has given birth to the idea of a 'pure relationship'. The notion of romantic love presumes that an emotional engagement can be established, the foundation of it being inherent in the tie itself. It is this alliance, this connect between two people that cements their relationship in a way that would not be so if emotions were taken out of the equation. This concept has its own implications for both men and women. Where romantic ideals have always been a part of women's aspirations, they have an impact on men as well, albeit lesser in comparison to women. It impacts women in a way that, as Giddens puts it, it has helped put women 'in their place', which is at home, in the domestic purview but at the same time it places women as an intrinsic part of the "maleness" in the society. This means to say that where at one point in time, the notion of male-female engagement were perceived from pre-dominantly male lens but with the notion of romantic love taking precedence in context of the male-female dyad, this tendency has become somewhat altered in favor of women. In popular culture, women and girls are assigned romantic literature and men pornography, which allots them contrasting positions and identities. But these very images that these novels establish in our psyche are sometimes fraught with contradictions. For example, romantic discourses are somewhat nebulous with regard to the notion of power. On the one hand, romance seems to erase power in its image of mutuality. But more often than not, men are often represented as initiators of romance and women as receivers. Men are portrayed as heroes in the throes of romance and women are simply in the throes.

METHODOLOGY

The research method that has been used in this study is discourse analysis, specifically adhering to the Foucaultian tradition. According to Michael Arribas-Ayllon and Valerie Walkerdine (1988), a discourse can be defined as an explanation of local and heterogeneous positioning of subjects with relations of power. It not only characterizes and describes a body of knowledge but also refers to mechanisms through which certain constructs, objects and strategies come about and in this sense also posits the emergence of this knowledge with regard to the dynamics of power.

The rudiment of Foucaultian discourse analysis is the existence of the "subject" which is a position, fostered through relations of power, and how it comes into being. Foucault calls this subjectification, which refers to the construction of subjects through the technologies of power and self (Foucault 1985, 1997). This basically means that no subject position is sustained only within relations of force. A subject position is maintained through the interaction between these power relations and the technologies of self. We infer from this that a subject is constructed and maintained not only because of the existence of say a particular societal ideal, but also because

those people who are the “subjects”, act in ways that purport that particular standard in order to attain an ethical goal. For example, with regard to this research, one of the subject positions could be the woman as the receptacle of the male gaze, as the passive recipient of the man’s sexual desire. This subject position exists not only because the male or the society typify the woman in this manner but also because somewhere the woman behaves in a way to propagate this construction in order to be perceived as “good”, “respectable” etc. It is the individual-society interaction that is the foundation of Foucaultian discourse analysis.

If we were to see this research in this light, the juxtaposition of the individual and society can be seen here in terms of the construction of sexuality and how these constructions have come into being. The subjectifications here may be that of “the good woman”, “the bad woman”, “the bold woman”, “the slut”, “the philandering man” etc. The reason why there could be these many and other subjectifications as well is precisely because there are two elements at play here, one of power and one of self. If power was the only force that constituted subjects, then there would be only one subjectification.

Another recommendation for using Foucaultian discourse analysis is that according to Parker (1999), it can be carried out on autobiographical accounts. Since the nature of the research entails an in depth account of the participants’ sexual history, this would provide means for being privy to continuities or discontinuities of experience over time and the way in which the participants constitute their self as an object of particular discourses. This could entail how men and women characterize and insinuate their sexuality within the discourses of desire and pleasure.

Procedure

The course of choosing participants was accomplished through the process of theoretical sampling. upper-middle class men and women, living in New Delhi, who fell between the age bracket of 18-24 were the part of this study. This was because it was important to choose participants who were more likely to talk about their sexuality, and more importantly whose sense of self was still developing with regard to their sexual experiences. This study includes both men and women in study because this would give the research more depth and an integrated perspective. The study was limited to heterosexual people because, the power dynamic that results in men and women taking up different subject positions in a relationship with one another was an important area that we wanted to explore through this study. The total number of participants in this study were five, three women (A, B and C) aged, 23, 22 and 21 and two men (D and E) aged 22 and 23 years of age, respectively. The participants were either acquaintances, people whom I didn’t know very well, or people suggested by other friends and acquaintances that fit the criteria. I met each of these participants and took notes while I talked to them. I had initially planned on recording the conversations, however, none of the participants were comfortable with that. I wrote down the case histories immediately after meeting with the each participant to be sure that I wouldn’t forget anything. After obtaining all my field notes, I then started to organize the narratives of the participants on the basis of the research questions that had been developed previously and began to draw parallels with the literature that I had read.

The final picture was a collation of the individual narratives, assimilated thematically according to the research questions, while attempting to interpret, at times obvious, and other times obscure meanings behind the participant's thoughts.

ANALYSIS AND DISCUSSION

Having acquired the narratives of the participants individually, the next step was to attempt to collate the experiences of these people in such a way that they would retain their uniqueness and at the same time could be used to find differences and similarities in their constructions. This would also help underscore the contextual aspect of these constructions thus facilitating an identification of the organization of familial structure and range of expectation and duty that sometimes become shackles that coerce us into ideology and behavior that is not inherently ours. Bringing together the narratives of the participants would also emphasize how different discourses situate themselves in the psyche of people and how these discourses are different or similar in their constructions, is something that would also come to light here. Furthermore, the subject positions that these individuals take up in heterosexuality would become evident when we examine them together in relation with each other.

When we speak of desire in the literal sense of the word, it means a need, a wish or a drive to seek out certain objects and engage in certain activities. When we speak of desire in relation to sexuality or sexual desire, we can describe it as a need, wish or drive to seek out sexual objects and engage in certain sexual activities. Thus, it can be inferred that sexual desire is subjective feeling state that can be triggered by external or internal cues and may or may not result in explicit sexual behavior. It is a state of mind in which we are subjectively "turned on" by certain stimuli and whether we act on it or not could be a function of choice, opportunity, resources etc. In the current context, we see indications of desire in the narratives of the sexual history of the participants, among both women and men. We see its articulations in A's expatiation of her first sexual experience where she says that "she felt excited", "she could not stop thinking about it". She also talks about how she and her current boyfriend with whom she is sexually active, often watch pornography to stimulate themselves. Thus they try to intensify sexual desire by watching sexually explicit stimuli and then engage in sexual activity to intensify pleasure. None of the other participants talked of sexual desire in such explicit terms, but it was nevertheless present in the backdrop of their narratives. When B says that she "had feelings for her boyfriend", and "felt good when he kissed her", and when C says that "she enjoyed kissing her boyfriend", we see desire illustrated in these verbalizations. Among the male participants as well, we see D saying that as he made his foray into puberty, the girls became something more than "the other", they became the ones who "looked pretty and smelled nice", he also said that it was at this time that he noticed the girls' bodies and how they were changing. Here we see vestiges of sexual desire and how it is starting to blossom in the young pubertal adolescent. In his noticing the bodies of his female classmates, we see the premature stirring of sexual desire. In his description of his first experience of masturbation as well, watching a sexually explicit scene from an English movie stirred his libido and got him to masturbate, something he said that happened "pretty naturally". Something similar happened with E in his first experience of masturbation as well. In

his case he had picked up the adult magazine with the specific purpose of masturbating, and even he said that it occurred very quickly and naturally without taking any effort. This is illustrative of how sexual desire, stimulated by external and internal cues manifested itself in the form of an explicit sexual activity.

Another interesting point is how there is a change in the articulation of this desire, specifically among the female participants. These women who talked about stolen glances and holding hands in their teenage, started talking about more explicit sexual activity in their current or future relationships. Even C who seems to have very fixed ideas about virginity and pre-marital sex talks of being more “invested” in her future relationship and says that “you can do stuff without losing your virginity”. The initial teenage hesitation among these girls could also be a function of parental pressure and expectation. The “unseen eyes” that C talks about, B’s inability to look at her parents in the eye after experiencing her first kiss are possible illustrations of how it was guilt vis-à-vis their parents that became an obstacle in their experience of sexual desire. It was as if they were doing something wrong and letting their parents down and hence something that needed to be curbed. Even in the case of A, who appears to have the most libertine nature, her early experiences of sexual desire and her unapologetic enjoyment of it came from a sense of rebellion against her parents and the restrictions that they had enforced on her. In her case, parental pressure became the very catalyst that instigated her to explore it further. This phenomenon is apparent in the narratives of the male participants as well. E says that he had had crushes on some girls in his school years, however he abstained from doing anything about it, because he didn’t want to get distracted. He had to live up his parents expectations because of which he kept a firm check on his desire and refrained from getting involved with any girl. D said that he could not face his parents after he first masturbated and was very jumpy for the first few days. E however, did not mention any such discomfort in his reminiscence of his first masturbatory episode, he in fact said that “there was a spring in his step the whole day”. The difference between these two experiences of D and E is that E was studying in boarding school at that time and lived in a hostel, away from the possible condemnatory eyes of his parents where as D lived at home. Thus, D’s manifestation of sexual desire was adulterated by the mere presence of his parents while E’s was not, though it is evident how parental pressure and expectation were perceived as impediments to the expression of their libidinal motivation.

Pleasure can be defined as those positively valued feelings induced by sexual stimuli. This conceptualization encompasses a broad range of sexual pleasures, from the soothing sensations of sensual massage, to the explosion of feeling that accompanies orgasm. We see evidence of this notion in the narratives of the participants as well. In A saying that the boy squeezing her breast excited her, in B and C admitting that kissing their boyfriends felt good, we see the expression of this feeling of sexual pleasure. One thing that is consistent in all the narratives, of the female as well as the male participants is that all of them mentioned their preference for equality in their present or future relationships with regard to pleasure. B said that her fantasy of the perfect sexual partner would be someone who believed in equality. He would be gentle with her and yet know how to pleasure her and vice-versa. C opined that her fantasy of the perfect sexual partner would be somebody who would “let me take my own time”, who would think

about her pleasure as well as his and be very loving with her. A said that there were times when she guided her boyfriend into doing things in a way that would intensify her pleasure and he did the same. D said that his fantasy of a perfect sexual partner would be a girl who would expressed herself and sometimes even took initiative, somebody who would sense his needs and whose needs he could sense and fulfill. Finally, E believed that he would not expect her to think of “my pleasure only”. He hopes for “equal give and take between them”. Thus, it is feeling of mutuality that plays an important part in the experience of sexual pleasure among the present pool of participants. The women hoped for a partner would think about their pleasure and satisfaction as well as their own and the men envisioned a partner whose needs they could sense and thus deliver, and vice versa.

Thus, we see that none of the participants situate their subjectivities in heterosexuality with regard to Wendy Hollway’s male-sexual drive discourse. We know that according to this discourse, women indulge in sexual activity for the purpose of procreation and men because of their innate, biological sexual drive but this does not seem to be the case with the present pool of participants. Since the female participants are all in the early twenties, reproduction and having children does not seem to figure in their scheme of things. They don’t even speak of marriage in their narratives. They either are in relationships or have been or hope to be in one in the near future and all of them out of wedlock. They mention desire and pleasure at the level of feel and sensation not with regard to it being a means to an end. Similarly with the men, where they do address the need for their pleasure, they also mention their partner’s need and satisfaction in the same breath. However, another interesting point that comes up in the narratives is that the women do not see themselves and are not seen as initiators of either the relationship or the sexual activity. They may have had feelings but they were expressed only after the guy approached them or asked them out. Even in the men’s narratives, D says of his first kiss with his girlfriend, “I sensed she was ready so I took the first step and kissed her”. E in relating the first time he and his girlfriend had sexual intercourse said that “it seemed that she expected me to take the lead”. Thus, women and men do see women in the role of negotiators however women do not yet perceive themselves and aren’t perceived by men as taking initiative in the relationship. It is possible that they do so in order to resist the subjectifications such as “forward” and “bold” which may not have a particularly positive connotation. Benjamin’s (1984) notions of true and false recognition could be the reason behind this which go on to say that true recognition is only achieved when one is able to accept and embrace themselves, and all of themselves in a holistic manner, accepting the good as well as the bad parts, only then can we expect our partner to be able to do so.

The women’s lack of initiative can be construed as their inability to accept that sexually agentic part of themselves, which is probably why men also do not perceive them as initiators. We see this exemplified in the popular culture of novels and movies as well. For example, in the Harlequin genre of romance novels, which is all the rage among young women, we see the man, the hero taking charge, guiding the woman in their heterosexual coupling. The woman in no way is positioned as passive, there is an elucidation of her desire and need which the hero “senses” and thus facilitating her in making a foray into the world of sexual pleasure. The “tale of change”

that Rubin (1989) talks about in her research can be seen here as well. According to Rubin girls feel they have every right to engage in sexual activity, including sexual intercourse, at whatever age seems appropriate to them which is in consonance with the narratives of the girls in the present pool of participants. According to Rubin, changes in the sexual behaviour and attitudes of girls have been much more pronounced than among boys. In the present study as well, we can see a change in the thinking of the females from their early teenage to the present as mentioned before, but no such significant change makes itself known in the narratives of the males.

CONCLUSION

The study found that women were not entrenched within the subject positions of coy, demure, submissive and self-effacing with regard to their sexuality but were very much creatures of desire and pleasure who thought about their sexual nature, their needs, their fantasies and had no qualms in admitting and accepting them to not just themselves but also the external world. Among the men, it was seen that men were not uni-dimensional, single-minded and self-centered with regard to sex. They were not devoid of emotionality and intimacy that *women* are typically expected to associate with sex. Instead, they were very much slave to the affect that the act of sex subsumes in its primitive corporeality. This study could not only help us to understand the way sexuality is perceived in India today, but also underscore the direction in which we seem to be going. It would also facilitate an insight into the things holding us back and possibly enlighten the path to change that we can bring about within ourselves and ultimately in our society and can be helpful in preventing crime against women and gender biased behaviour.

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Suicide Ideation: Role of Psychological and Social factors among Indian Police Officers

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ABSTRACT

Suicide Ideation has been considered as an important antecedent of attempted suicide. It refers to the cognitive aspect of suicide, and may be considered an early detection of more serious suicidal behaviour. When people view their lives from negative perspective filled with emotional pain and distress, they inflate the consequences of their mistakes, start believing that they will continue to fail and should give up altogether. Police officers are almost under stress to meet the demands of the public and works under high stressful conditions as they have to keep the crime rate under control. They have no breaks, no vacations, no weekends and have to work in all weather conditions providing public with all comforts. The paper focuses on the psychological variables and demographic factors such as anxiety, depression, alcohol, age, gender, socio-economic status, rank, years of service, years of current position, educational qualifications, marital status, presence of health-related problems that seems to play an important role in understanding the predictors of suicide ideation and suicide among Indian Police officers.

Keywords: *Suicide Ideation, suicidal behaviour, psychosocial and demographic variables, Police suicide*

Suicide has become one of the biggest social problems of our contemporary society affecting all our lives in one way or the other. It is a day-to-day experience and everyday news in our society. Moreover this still remains as a silent issue of discussion with less or no efforts being done to prevent or stop this act. The Oxford English Dictionary defines Suicide as an act of taking one's own life; one who dies by his own hands, self-murder. Suicide is the process of purposely ending one's own life. Emile Durkheim defines suicide as follows: "...the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." The great nineteenth century French sociologist Emile Durkheim, in his book, *Le Suicide* (1897) illustrates the types of suicide. In this book he discusses four different kinds of suicide: Egoistic suicide, Altruistic suicide, Anomic suicide and Fatalistic suicide.

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1. **Egoistic Suicide:** Egoistic Suicide is caused by lack of social integration of society in the religious sphere, domestic, and the political sphere. The more weakened the groups to which he belongs, the less he depends on them, the more he consequently depends only on himself and recognize no other rules of conduct that are founded on his private interests. The individual ego asserts itself to excess in the face of the social ego and at its expense; it may be called egoistic the type of suicide springing from excessive individualism (Durkheim, 1897).
2. **Altruistic Suicide:** Altruistic Suicide is characterized by a sense of being overwhelmed by a group's goals and beliefs. It occurs in societies with high integration, where individual needs are seen as less important than the society's needs as a whole. If excessive individuation leads to suicide, insufficient individuation has the same effects. When a man has become detached from society, he encounters less resistance to suicide in himself, and he does so likewise when social integration is too strong. Bartholin, in his book reports that Danish warriors considered it a disgrace to die in bed of old age or sickness, and killed themselves to escape this humiliation. The Goths likewise believed that those who die a natural death are destined to languish forever in caverns full of venomous creatures. So old men would throw themselves from the high pinnacle called 'The Rock of the Forefathers' and accordingly they assigned a delightful abode to those who commit.
3. **Anomic suicide:** This type of suicide is due to certain breakdown of social equilibrium, such as bankruptcy or after winning a lottery. In other words, anomic suicide takes place in a situation which has cropped up suddenly. It reflects an individual's moral confusion and lack of social direction, which is related to dramatic social and economic upheaval. It is the product of moral deregulation and a lack of definition of legitimate aspirations through a restraining social ethic, which could impose meaning and order on the individual conscience.
4. **Fatalistic suicide:** Fatalistic suicide is the opposite of anomic suicide. It happen when a person is excessively regulated, when their futures are pitilessly blocked and passions violently choked by oppressive discipline. It occurs in overly oppressive societies, causing people to prefer to die than to carry on living within their society. A good example would be that some people prefer to die than live in a prison with constant abuse and excessive regulation that prohibits them from pursuing their desires. This type of suicide is due to overregulation in society.

According to National Youth Mental health Foundation, 'suicidal ideation' refers to thoughts that life isn't worth living, ranging in intensity from fleeting thoughts through to concrete, well thought-out plans for killing oneself, or a complete preoccupation with self-destruction (www.headspace.org.au). Suicide ideation may be characterized as ranging from relatively mild, general thoughts and wishes that one were dead to serious ideation about specific plans and means of taking one's life. Schotte & Clum (1982), as well as Bonner & Rich (1987) found a relationship between the frequency of suicide ideation and the likelihood of attempts at suicide.

Police suicide in India is a problem facing many law enforcement agencies. The problem is often ignored, misunderstood, misrepresented and under researched (Pienaar & Rothmann, 2005). Suicide among members of the police has been described as an epidemic (Violanti, 1996). Studies report that police officers have higher suicide rates compared to the rates of the general population and those of other professions (Helmkamp, 1996). Suicidal behaviour may be categorized as consisting of suicide completion, suicide attempts, and suicidal ideation. It can be plotted on a continuum varying in severity from ideation to intent, attempt and completion (Reynolds, 1991b). Thus, suicidal behaviours occur in different forms that involve a degree of severity that can range from a person only wishing to be dead to actually killing him or herself (Schlebusch, 2005). The police force in India does not assume a positive image. Defined by a rigid bureaucratic cadre, the police personnel have to work not only to see that crime remains under control but also have to face ‘systematic’ interference from political masters and other influential sectors. On the personal count as well, the police personnel have perennial problems of basic working, living conditions and welfare facilities. Only two studies on suicide ideation of police members have been conducted in one of the nine provinces of South Africa (viz., the North West Province) (Rothmann & Strijdom, 2002; Rothmann & van Rensburg, 2002). These studies showed that 10.58% of the uniformed police members showed significant levels of suicide ideation. Hem, Berg & Ekeberg (2001) recommended that suicide ideation be investigated in police populations. There can be different psychological predictors to study and predict the level of suicide ideation with an increase in those factors. Following psychological symptoms; stress, anxiety, low self-esteem, frustration, depression, family problems will be studied along with demographic variables that will help us in reviewing the suicidal behaviour and deaths among Indian Police Officers.

FACTORS LEADING TO SUICIDE IDEATION AMONG POLICE OFFICERS

- **Psychological/Interpersonal**
- **Social/demographic**

Psychological/Interpersonal factors

Stress is the psychological factor that is harmful to physical and psychological health and hazardous to quality life concept. Selye (1936) known as “The father of modern stress”, brought to our attention, the concept of stress in a medical sense to indicate overloading of the human body.

Police officers play a very significant role for maintaining law and order in the society despite all the shortcomings and limitations in the Police Department especially with regard to the infrastructure facilities, manpower and periodic training. Police Officers are supposed to implement all the criminal laws for which they work round the clock and/or without any leave/break, which cause tremendous mental pressure and physical exertion on them. As a result a few of them may have violent outbursts. Campbell (1970) discussed the conflicting roles and demands involved in the order maintenance, community service and crime fighting

responsibilities as an important source of frustration in police. The amount of social prestige and esteem the police in India enjoy does not require any elaboration. The subordinate ranks are so low paid that corruption has become an accepted thing. The fact that a police officer is supposed to be all the twenty four hours on duty should be duly reflected in the pay scales. They do not enjoy even the fundamental rights that other public servants enjoy. They had to do night duty not less than fifteen days a month and need to be compensated for night duty, working overtime and occupational hazards (Xavier & Prabhakar, 2013). Further, there are conflicting job demands, responsibilities of subordinates, time pressure and deadlines, physical strain of work environment, long hours and having to cope with changes at work and expenses (monetary and career) of making mistakes. It is seen that since subordinates are incapable of performing their tasks properly, the senior officers tend to take on their responsibilities also. Increased accountability of any act within their area of jurisdiction, political interference, fear of explanation of any indiscipline or irresponsibility on the part of subordinates, lack of communication and cooperation from other departments result in unresolved frustrations and personal conflicts which further lead to stress and anxiety among officers at higher levels (Xavier & Prabhakar, 2013).

Violanti (1995) stated that when officers lose the ability to cope in normal ways, they may turn to an ultimate solution to relieve the pressure of stress. Hopelessness is the most motivating contributor to the suicidal mind set. One feels that he or she does not have control over one's own behaviour, feelings, or circumstances. It is not rapid. It grows slowly, unabated, until it becomes an undefeatable mind set (Stewart, 1988).

Depression has been speculated to be a critical occurrence in the police population. A study conducted by the New York Police Department concluded that the suicide rates among New York police Department officers (at about 29 per 100000 annually) were considerably higher than among the general United States population (11.7 per 100000 in 1992). Ivanoff (2002) and other experts believe that police suicides are under reported, often classified as accidents in part to spare an officer's family from embarrassment, a study on suicide amongst the police concluded that the statistical average of police suicides is much higher than that of the general population, within that average lies a notable increase experienced among older officers and those officers facing suspension. It is seen that in Indian police force, police men in higher ranks have increased work load and areas of jurisdiction.

Social/ demographic factors

Available studies of suicide ideation suggest a variety of demographic factors that can be responsible for suicidal behaviours and deaths among police officers. Sorenson and Rutter (1991) found that unmarried and younger individuals (compared with married and older individuals) showed higher levels of suicide ideation. Higher levels of suicide ideation have been shown for those who are depressed, dissatisfied, pessimistic, and who experience a sense of hopelessness (Breslau, 1992; Kandel, Raveis & Davies, 1991; Sorenson & Rutter, 1991; Kinkel et al., 1988; Smith & Crawford, 1986) and frequent pains, such as stomach pain, headaches and

migraines (Ingersoll, Grizzle, Beiter & Orr, 1993; Breslau, 1992;). Individuals who abuse alcohol or drugs also show higher levels of suicide ideation (Sorenson & Rutter, 1991; Slap, Vorters, Chaudhuri & Centor, 1989; Smith & Crawford, 1986; Topol & Reznikoff, 1982). Several other studies reported that respondents who scored high on suicide ideation were more likely to have poor health (De Man & Leduc, 1995; Lewinsohn, Rohde & Seeley, 1994; Kandel et al., 1991). Janik and Kravitz (1994) found that marital problems and job suspension were important contributing factors to police officers' decisions to attempt suicide. Supportive families can buffer and diminish the occupational stresses that police officers experience (Graf, 1986). Constables and Sergeants are the rank structure that works at the grassroots level (Minnaar & Mistry, 2006) and are often burdened with the operational level of policing, where they are exposed to scenes of violence and crime (Pienaar et al., 2007). They are the ones who are most likely to interact with suspects and members of the public on a daily basis. However, they are also likely to be involved in shooting incidents and common assaults (Minnaar & Mistry, 2006). Police officers with lower ranks and poor qualifications are especially likely to be confined to an impoverished environment and lack alternative employment and advancement opportunities (Pienaar & Rothmann, 2003). International research results indicate that older police officers have been in law enforcement longer, achieved higher rank and were also more likely to be assigned to sections where they perform fewer patrol duties (Patterson, 2001).

Swanepoel & Pienaar's (2004) results indicated that gender is predictive of current suicide ideation, while Pienaar & Rothmann's (2005), national study contends that males (compared to females) showed higher than expected frequencies of high suicide ideation. "Within civilized societies women are defined, accepted and recognized only to the extent to which their existence and behaviour is consistent with their naturally determined sexual and biological function. Thus, women become convinced of the natural necessity of their position." (Petrović, 2007). Such social attitudes resulted in the struggle (which continues today) of women against prejudice, conservative thinking and patriarchal stereotypes, obstacles to women's integration into certain professions, especially the police*.

Historically, in 1900 Canada recruited the first women into the police service, to work on supervision tasks in detention institutions and in the prevention of juvenile crime. Their tasks were to "care for social order and peace, or the care of morals, abandoned children, female youth and prostitutes" (Janković, 1926). Reports indicate that women police officers, compared to their male colleagues, are more exposed to sexual harassment and violent and threatening situations at work, as well as to domestic violence (Brown & Heidensohn, 2000). These adverse situations can heighten the risk of suicide attempts. Buchanan et al. (2001) have identified gender differences in terms of what newly recruited policewomen and policemen experience during their first year at work. Of the ten most traumatic experiences during that year, men experience a

* Note, in this respect, that it was only during the second half of the 19th century that the doors of universities and faculties became open to women for education, and that it was only in the 20th century that it became possible for women to undertake social-political engagement. And as a response to the economic freedom gained through work and income outside the family, there resulted discrimination and segregation (women were paid less than men for the same job).

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greater proportion of physical attacks, while women experience various forms of sexual harassment. Pancheri et al. (2002) confirmed that women in the traffic police experience the highest degree of anxiety, depression and aggression.

Marital status affects the life of a police officer to great extent. When he arrives at work his role changes and his job demands to leave all the personal issues of his life and serve the nation. This alone can be very stressful at times especially when the personal life is very complex and demands equal attention. Sharing personal problems with co-workers also can change the attitude of all those working in the same workplace and can be misused by others. And one can consider the end of the life as one and the only solution to come out of the problematic situation. Unmarried police officers can also feel the pressure at the workplace as less family pressure can be expected on them. And this can at times worsen the situation by creating more of frustration and a need of a family or a life-partner with whom they can think of sharing their problems and can make them lonely. They may report higher levels of stress while performing tasks in isolation.

MEASURES TO CONTROL THE RATE OF SUICIDE AMONG POLICE OFFICERS

The long working hours, poor working conditions, VIP protection duty, festivals and lack of structural reforms can increase the stress level. Long term stress causes depression suicide. Therefore, regular screening for mental health problems during a physical check up can be provided for police personnel. The department can provide counseling to all the officers by recruiting special counselors with training in how to deal with stress and frustration. Workshops, talks, yoga and some meditational classes can be taken up with them to help them control their anger and channelize their destructive energy in a healthy way. Talking therapy where officers feel free to talk about their likes and dislikes, can express their inner thoughts in front of a counselor can be arranged. And at the same time it is the prime duty of a counselor to tackle such issues sensitively and avoiding disclosure to any other senior authority until it is for the sake of former's health. Few role play games can also be involved.

CRITICAL ANALYSIS

The job of a police officer demands lot of responsibility. He is expected to be loyal, dutiful, and polite. But at the same time we common people should also give them respect, appreciation, motivation for their effortful work. The nature of their job leaves them with so much of depression, frustration and stress and that the Police department must have stress managers, counselors, or psychologists which can help them in the state of their crisis.

“Three cheers to Indian Police Officers”.

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A Study of Spirituality and Home Environment among Various Religious Group

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ABSTRACT

The aim of present study was to find out differences of various religious groups of college students on spirituality and home environment. An experiment was conducted on 100 college student included that Hindu – 25, Muslim- 25, Buddhist – 25 and Christian – 25. One way ANOVAs used for statistical interpretation. To measure spirituality of the subjects Spirituality Scale (Biswas & Biswas, 2006) and Perceived home environment the Home Environment Inventory (HEI) was used for data collection. Analysis by ONE-way ANOVA showed that there is significant difference of spirituality among various religious groups of college students. There will be significant difference of home environment among various religious groups of college students.

Keywords: *Spirituality, Home Environment, Various Religious*

Spirituality is the praxis and process of personal transformation, either in accordance with traditional religious ideals, or, increasingly, oriented on subjective experience and psychological growth independently of any specific religious context. In a more general sense, it may refer to almost any kind of meaningful activity or blissful experience. There is no single, widely-agreed definition for the concept, and the term may be applied to a wide variety of practices.

There is no single, widely-agreed definition of spirituality. Surveys of the definition of the term, as used in scholarly research, show a broad range of definitions, with very limited similitude. According to Waaijman, the traditional meaning of spirituality is a process of re-formation which "aims to recover the original shape of man, the image of God. To accomplish this, the re-formation is oriented at a mold, which represents the original shape: in Judaism the Torah, in Christianity Christ, in Buddhism Buddha, in the Islam Muhammad."

In modern times the emphasis is on subjective experience. It may denote almost any kind of meaningful activity or blissful experience. It still denotes a process of transformation, but in a context separate from organized religious institutions, termed "spiritual but not religious".

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Houtman and Aupers suggest that modern spirituality is a blend of humanistic psychology, mystical and esoteric traditions and eastern religions.

Waaïman points out that "spirituality" is only one term of a range of words which denote the praxis of spirituality. Some other terms are "Hasidism, contemplation, kabbala, asceticism, mysticism, perfection, devotion and piety".

Spirituality is something that's often debated and commonly misunderstood. Many people confuse spirituality with religion and so bring pre-existing beliefs about the impact of religion to discussions about spirituality. Though all religions emphasise spirituality as being an important part of faith, it's possible to be 'spiritual' without necessarily being a part of an organised religious community.

In a similar way that religion might guide you to find your Spirituality and religion can be hard to tell apart but there are some pretty defined differences between the two. Religion is a specific set of organised beliefs and practices, usually shared by a community or group. Spirituality is more of an individual practice and has to do with having a sense of peace and purpose. It also relates to the process of developing beliefs around the meaning of life and connection with others. One way that might help you to understand the relationship between spirituality and religion is imagine a game of football. The rules, referees, other players, and field markings help guide you as you play the game spirituality. Kicking the ball around a park, without having to play on the field or with all the rules and regulations, can also give you fulfillment and fun and still expresses the essence of the game, similar to spirituality in life.

Environmental psychology addresses environmental problems such as density and crowding, noise pollution, sub-standard living, and urban decay Noise increases environmental stress. Although it has been found that control and predictability are the greatest factors in stressful effects of noise; context, pitch, source and habituation are also important variables [3]. Environmental psychologists have theorized that density and crowding can also have an adverse effect on mood and may cause stress-related illness. Environmental psychology is a direct study of the relationship between an environment and how that environment affects its inhabitants. Specific aspects of this field work by identifying a problem and through the identification of said problem, discovering a solution. Therefore it is necessary for environmental psychology to be problem oriented. The problems identified by environmental psychologists affect all members of society. These problems can be anything from the psychological effects of urban crowding to the architectural design of public schools and extend from the public arena into the individual household.

REVIEW OF LITERATURE:

Jon C. Dalton, et. al. (2006). There is considerable evidence that a growing number of college students today are engaged in many new forms of spiritual search and practice. The forms and patterns of contemporary college student spirituality are diverse and multifaceted and not yet

well understood or documented. Consequently, there is much to be learned about this recent development in college student spirituality in order to determine its meaning and importance for today's college students as well as for the educational and student developmental efforts of colleges and universities. This article reports on the findings of the authors' research into the contemporary forms and patterns of college student spirituality and offers an analysis and discussion of the implications of these findings for colleges and universities. The authors examine in particular the behaviors and involvements of college students related to spiritual search activities and what some colleges and universities are doing to respond to this important student trend.

Jaon Solomon (2003). The value of including a kind of spirituality in science education, and especially in environmental education, is taken as a given. The work on which the argument is based starts from the young child's use of the senses which are so acute at primary school age, but also stimulates the asking of 'big questions' which seem spiritual in a sense that is examined here. A fragmented historical exploration shows pre-enlightenment educators encouraging the use of the senses, whereas Descartes, Hume, and Locke all argued against it. Later Husserl and Merleau-Ponty took a phenomenological stance which sometimes saw wonder, based on perception, as seriously opposed to scientific curiosity or explanation. The paper ends with an attempt to reconcile the phenomenological with the scientific, suggesting a perception of play which includes curiosity, and of the environment based on the sensory. A brief look at the development of environmental attitudes over the last century shows an increasing use of the affective along with the scientific. A closing consideration of spirituality in the Gaia hypothesis is illustrated by an extract from metaphysical poetry.

Rani Mohanraj and Latha, (2005). The study aimed to investigate the relationship between family environment, the home adjustment and academic achievement in adolescents. The adolescents (106-Boys and 86 girls) were assessed using the Moos and Moos Family Environment Scale and Bell's adjustment inventory. Academic scores were taken from the school records. Family environment appeared to influence home adjustment as well as academic performance. The majority of the sample perceived their family as cohesive, organized, achievement oriented and emphasizing on moral – religious issue with minimal conflict. Cohesion, conflict, control, intellectual – cultural orientation and independence in the family environment influenced home adjustment. Academic performance was significantly related to independence and conflict domains of family environment. Boys and girls differed in perception of the home and environment.

OBJECTIVE OF THE STUDY:

- To study the spirituality among various religious groups of college students.
- To study the home environment among various religious groups of college students.
- To search the relationship between spirituality and home environment.

HYPOTHESIS OF THE STUDY:

- There will be significant difference of spirituality among various religious groups of college students.
- There will be significant difference of home environment among various religious groups of college students.
- There will be positive correlation between spirituality and home environment.

METHODOLOGY:

Sample:

Total sample consists of 100 subjects, randomly selected from Marathwada region (25 Hindu, 25 Buddhists, 25 Muslim and 25 Christian). The age level and educational status of the subjects were controlled to a certain extent i.e., age ranges between 18-25 years, all graduate students were selected from urban population.

Variables:

Independent variable:

- Religious groups (i.e., Hindu, Buddhist, Muslim and Christian)

Dependent variables:

- Spirituality
- Home environment

Design:

In this study one way design was used. Religious Groups as independent variables varied at four levels. One-way factorial design was used. And to study the relation between modernization and religiosity, modernization and locus of control, religiosity and locus of control further the correlation design was used.

Religious Groups (A)			
Hindu	Buddhist	Muslim	Christian
(A1)	(A2)	(A3)	(A4)

Tool:

1. Spirituality Scale:

To measure spirituality of the subjects Spirituality Scale (Biswas & Biswas, 2006) was used. Spirituality items for this measure were developed after reviewing the work of Indian spiritualist leaders and philosophers (e.g., Radhakrishana, Vivekananda, Maharishi Mahesh Yogi etc.). Four aspects of Indian spirituality were found which shares commonality with others spiritual practices. They included centrality of God, ethical and moral values, and the cyclical nature of pain and pleasure in one's life and power of meditation. Based on spiritual literature, twenty two statements were written which described different aspect of spirituality in Indian context. These statements were presented to seven different individuals who were knowledgeable about Indian spiritual tradition and also practiced different methods of spiritual practices. Based on their feedback one item is dropped and few items were reworded to make it more meaningful. Thus,

the final instrument consisted of 21 statements. All items were rated on four point rating scale ranging from strongly agree (4) to strongly disagree (1). The possible score range on the scale can be 21 to 84. The cronback alpha for the measure was 0.84.

2. Home Environment Inventory (HEI):

To measure the first dependent variable i.e. Perceived home environment the Home Environment Inventory (HEI) was used. HEI contains 100 items related to ten dimensions of home environment. The dimension are - A- control, -B protectiveness, -C- Punishment, -D conformity, E- Social Isolation, F- Reward, G- Deprivation of Privileges, H- Nurturance, I- Rejection, and J- Permissiveness. Each dimension has ten items belonging to it. The instrument requires pupils to tell the frequency with which a particular parent child interaction behaviour has been observed by them in their homes, i.e. he/she requested to tell whether a particular parental behaviour (as mentioned in an item) Occurs – ‘Mostly’, ‘Often’, ‘Sometime’, ‘Lest’, and ‘Never’. The manual reports that the test-retest reliability of the home environment inventory was administered to 113 students studying in intermediate classes of five schools. Split half reliabilities were worked out separately for all the ten dimensions of home environment. The split half reliabilities (Corrected for length) for various dimension of home environment mention high reliability.

RESULT AND DISCUSSION:

Table No. 1 Summary of one way ANOVA for Dependent Variable Spirituality

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Religious group	2804.11	3	934.70	8.95	.000
Error	10016.48	96	104.33		
Total	306693.00	100			
Corrected Total	12820.59	99			

Table 1 show that the significant differences for intendment variable religious groups. Hindu, Buddhist, Muslim and Christian religious groups ($F = 8.95$ for $df = 3, 96$ $P < 0.01$) on spiriatulity. Result concluded that the hypothesis no. 1 “There will be significant difference of spirituality among various religious groups of college students.”

Table No. 2 Mean and SD value for religious groups on Spirituality

Religious group	Mean	Std. Deviation	N
Hindu	60.80	9.66	25
Buddhist	48.52	10.85	25
Muslim	49.52	9.32	25
Christian	58.00	10.92	25
Total	54.21	11.37	100

The above result table no.2 and figure no.1 illustrates the mean values of various religious groups on the dependent variable spirituality. The mean values show that Hindu religious group scored (M=60.80), Buddhist religious group scored (M= 48.52), Muslim religious group scored (Mean = 49.52) and Christian religious group scored (Mean = 58.00). Above mean scored indicated that the Hindu religious groups college students more spiritual than the Buddhist, Muslim and Christian religious groups of college students.

A growing numbers of college students are participating in a variety of activities that, in one form or another, provide gateways to the inner life of reflection and self-examination (Higher Education Research Institute, 2004; Mooney, 2005; Gallup, 1998; CRRUCS/Gallup, 2003; Dalton, 2003). Perhaps the most powerful metaphors for the spirituality movement among college students today are "inward journey" and "quest." When college students write or are asked about spirituality, they consistently describe it as a journey or quest that takes them inward into the unknown, unexamined regions of their inner lives. Sharon Parks (2000) describes the inner search of youth as a quest to answer the "big" questions of life. A College student takes many paths on their inward journeys. Some make their spiritual searches within the context of a religious faith orientation. The spiritual practices in which they engage are directly connected to the community beliefs, rituals, symbols, and meanings of their personal faith tradition. Other students choose to explore paths outside the boundaries of a particular faith tradition and engage in spiritual searches that have little if any connection to any specific religious orientation. What is striking about the contemporary spirituality movement among college students is the wide variety of spiritual practices that students engage in and how receptive they are to exploring new forms of spiritual searching. For reasons that are not fully understood at this time, college students today seem to be very open and motivated to tackling the big questions that young people typically face during the college years.

Table No. 3 Summary of one way ANOVA for Dependent Variable Home-environment.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Religious group	33269.36	3	11089.78	4.46	.006
Error	238480.48	96	2484.17		
Total	4599814.00	100			
Corrected Total	271749.84	99			

Table no.3 show that the significant differences of home environment for intendment variable religious groups. Hindu, Buddhist, Muslim and Christian religious groups ($F = 4.46$ for $df = 3, 96$ $P < 0.01$) on home environment. Result concluded that the hypothesis no. 2 “There will be significant difference of home environment among various religious groups of college students.”

Table No. 4 Mean and SD value for religious groups on Home environment

Religious group	Mean	Std. Deviation	N
Hindu	224.32	48.62	25
Buddhist	226.04	45.87	25
Muslim	182.12	49.91	25
Christian	199.68	54.56	25
Total	208.04	52.39	100

The above result table no.4 and figure no.2 show the mean values of various religious groups on the dependent variable home environment. The mean values show that Hindu religious group scored ($M=224.32$), Buddhist religious group scored ($M= 226.04$), Muslim religious group scored (Mean = 182.12) and Christian religious group scored (Mean = 199.68). Above mean scored indicated that the Buddhist and Hindu religious groups college students more positive home environment than the Muslim and Christian religious groups of college students.

CONCLUSION:

- There is significant difference of spirituality among various religious groups of college students. The Hindu religious groups college students more spiritual than the Buddhist, Muslim and Christian religious groups of college students.
- There will be significant difference of home environment among various religious groups of college students. The Buddhist and Hindu religious groups college students more

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positive home environment than the Muslim and Christian religious groups of college students.

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Expectancy for Success and Perceived Stress In Relation To Parenting among Teenagers

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Keywords: *Expectancy, Success, Perceived Stress, Parenting, Teenagers*

The child's first and foremost developmental context happens within the family. Hence family plays a major role in the development of a child, where in the parents have the majority of responsibilities in bringing up of the child. Hence parenting is an art of cherishing a child right through its life (James, A. 2003). There are different parenting styles adopted by parents according to circumstances. Whatever may be the style of parenting; there will be effects on the child's overall development. The parenting styles are based on the entire specific behavioural patterns that influence the mental developments of children.

Parents play an important role in working with their teenage children in attaining successes and minimizing risks. At the same time, parental bond helps the teens to face today's difficult decisions and serious risks to their wellbeing. Today attending college and schools is the dominant activity for teens and they come across many stressful situations. Despite many improvements in teen's standards of living, level of education and opportunities for advancement, today's teens still face many threats and challenges. Many of these threats are behavioral such as drinking, smoking, drug-use, premature sexual activity, suicide and violence.

Teens undergo a number of developmental adjustments including biological, cognitive, emotional and social changes on their way to becoming adults. While there are many factors that influence the incidence of these risks, these behaviours can be significantly affected by teens themselves as well as by the involvement of their families or society at large to help overcome these risks and enable teens to reach their full potential. Decisions teens make are critical for their present and future wellbeing. Educational choices play a potentially large role in teens future career choices and success. As teens weigh these decisions, parents have an enormous potential to influence their teenagers behaviour. A close relationship with parents is also associated with higher grades and greater intention to go to college.

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Expectancy for Success and Perceived Stress In Relation To Parenting among Teenagers

During the early 1960s, psychologist Diana Baumrind conducted a study on more than 100 preschool-age children (Baumrind, 1967). Using naturalistic observation, parental interviews and other research methods she suggested that the majority of parents display one of three different parenting styles. Further research by Maccoby and Martin also suggested the addition of a fourth parenting style (Maccoby, E.E, 1983) generally known as the parenting patterns. They are namely authoritarian parenting, authoritative parenting, permissive parenting and uninvolved parenting. Each of these patterns follows certain styles and behavioural pattern of parenting. These styles influence the overall emotional and psychological growth of children. These patterns differ in disciplinary measures, warmth and nurturance tactics, communication methods and control and maturity levels.

Parents are the major influence in their children's lives. Thus their perception of how children think, and should be raised is crucial in determining the child's behaviour. (Omitiri, T. 2012). Studies reveal a correlation between parenting styles and school competence, delinquency, stress, success, violence, sexual activity, antisocial behaviour, alcohol and substance abuse, depression, anxiety, and self-perception. Different parenting styles have different impact on child development. Factors such as a heavy school work load, concerns over examination grades, peer pressure or family conflicts may all have been continuous stressors to students and to worsen this condition, inappropriate parenting behaviours can elevate the stress level among children. Parenting behaviours tend to have an impact on children's stress level and may further affect children's psychosocial development.

A Parenting Scale (P Scale) was developed by R.L. Bharadwaj and H. Sharma. In this scale of parenting it is intended to measure perceptions of the individual/child about one's own feelings as to how he/she was brought up by his/her parents on eight dichotomous modes of parenting (perceived parenting). (Ramey, S.L. 2002) The final form of this scale has eight different modes of parenting as mentioned below:

- A. Rejection Vs Acceptance
- B. Carelessness Vs protection
- C. Neglect Vs Indulgence
- D. Utopian Expectations Vs Realism
- E. Lenient standard Vs Moralism
- F. Freedom Vs Discipline
- G. Faulty Role Expectations Vs Realistic Role Expectation
- H. Marital conflict Vs Marital adjustment

Expectancy for success is defined as a children's belief about how well they will do on an upcoming task. Beliefs about ability refer to children's evaluations of their competence in different areas. Researchers proposed that children's achievement performance, persistence, and choice of achievement tasks are most directly predicted by their expectancies for success on those tasks. (Omitiri, T. 2012). Children's expectancies and values themselves are most directly

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determined by other achievement-related beliefs, including children's achievement goal and self-schemata, and their task-specific beliefs. Children's interpretations of their past performance, and their perceptions of socializers' attitudes and expectation.

Parenting styles are associated with different child outcomes and for example authoritative style is generally linked to positive behaviour such as strong self-esteem and self-competence. Thus it can be found to have a great correlation between the variables perceived stress, expectancy for success in relation to different parenting styles in teenagers.

RELEVANCE OF THE STUDY

Human life completes its journey through various stages and one of the most vital stages is teenage. Teenage is the period of transition from childhood to adulthood and plays a decisive role in the formation of either a pro-social or an antisocial adult. Because parents provide a critical environment for children's development, the influence of parenting processes and the quality of parent-child relationships has to be a key focus of family research.

When we come to this world we are completely dependent upon others and learn gradually to be independent. In India, the teenagers do most of the work themselves but the final decision regarding various domains of life is taken by their parents. Stress level are far higher than they think is healthy and their average reported stress exceeds that of adults. Different parenting styles do exerts its own effects on teenage behaviours. This difference in parent child relationship can have profound effect on teenager's expectancy for success and perseverance of stress in their life. However, little is known about the view of teenager's view of different parenting. Changing family contexts are likely to exert influences on parenting practises. Insight into teenager's experience of parenting practices is therefore both invaluable and imperative given the significant impact that parenting practices exert on outcomes and teenagers psychological wellbeing in general.

This study focuses on analysing the correlation between the variables perceived stress and expectancy for success in relation to different parenting styles among teenagers.

OBJECTIVES

The study focussed on the following objective to achieve desired results based on which the same can be extended to other settings.

- To study and analyse how teenagers' perception of the effects of different parenting practices on their lives.
- To explore the level of parent-child relationship and its psychological aspects.
- To analyse expectancy for Success and Perceived Stress in relation to how teenagers perceive parenting.

METHODOLOGY

The sample size of the study, methods used for data collection, procedures used during the administration and the statistical analysis used for the interpretation of the result are discussed below.

Sample

The study was conducted among 31 participants belonging to the age group 13-19. Convenient sampling method was used to collect data. The data was collected from different schools in Kottayam and Idukki district.

Measures

The tools used in this study were Parenting style (P scale) scale, developed by Dr. R.L. Bharadwaj Perceived Stress Scale (PSS) developed by Prof. Sheldon Cohen and Generalized Expectancy for Success Scale (GESS) developed by W.D Hale and L.R Fiedler. Parenting style (P scale) scale consists of 40 questions, Perceived Stress Scale consisted of 10 questions and Generalized Expectancy for Success Scale consists 30 questions. Reliability and validity of the tools were established.

Scoring

The procedure for scoring is done with a scoring key given in manuals.

Parenting Scale (P Scale)

- a. The scoring of this parenting scale is of quantitative type and is based on 5 point scale as suggested by Likert. The scoring and determination of mothering and fathering as well as parenting is complex one and the following things are to be kept in mind at the time of scoring the scale.
- b. Each item of the scale is to be scored from upper to lower in terms of 1,2,3,4,and 5.the scoring of item number 4 , 11,18,25 and 32 will be in the reverse order.
- c. The obtained scores are to be transferred on the last page at the space provided for both the parents and are to be added vertically to determine the raw score for mothering and fathering separately for different modes of parenting
- d. The obtained raw scores for different modes of parenting are to be transferred into 'Z' score.
- e. The total of 'Z'scores for each mode of parenting in relation to both the parents shall be treated as parenting scores.

Perceived Stress Scale (PSS)

The PSS consists of multiple choice questions. Items include choice on a 5-point agreement scale. The points corresponding to each level of the scale are marked with

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boldfaced brackets: [0], [1], [2], [3], or [4]. Items number 4, 5, 7, and 8 require reverse coding, which is reflected in their corresponding brackets. To compute the total assessment score, sum all scale items. Total scores will range from 0 to 40.

Generalized Expectancy for Success Scale (GESS)

Generalized Expectancy for Success Scale (GESS) consists of 30 items based on a Likert scale (5= highly probable, 1=highly improbable). Items 1, 2, 4, 6, 7, 8, 14,15,17,18, 24, 27, and 28 are scored in reverse. All items have the same opening phrase: “In the future I expect that I will ...” Subjects were required to indicate to a different ending on each item, each of which represents a belief of success or failure within the future. Higher scores on this scale indicate subjects’ greater expectancy for success in the future and greater motivation to face difficult challenges.

Procedure

Individual administration was used. Participants were asked to sit comfortably and a good rapport was established with the general brief talk with them. They were told to answer each question with a tick mark in the place corresponding to the one which they consider suitable. They were told that there is no right or wrong answers and there is no fixed time to finish the test. But ordinarily they can take test 15-20 minutes for completing the test. It was ensured that the answers would remain confidential. As soon as they finished their work, test materials were collected.

Statistical Analysis

Descriptive and Inferential statistical method was used to analyse the data collected to understand the pattern of data points and the tools that are to be used. Based on the descriptive, the most suitable inferential statistics were selected and the results interpreted thereof.

RESULTS, DISCUSSION AND CONCLUSION

Table 4.1 shows the mean value score obtained for parenting style, perceived stress and expectancy for success.

Parenting style	735.2
Perceived stress	17.42
Expectancy for success	95.32

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Table 4.2 shows the correlation values obtained for parenting and perceived stress and for parenting and expectancy for success.

γ_1	-0.01
γ_2	+0.0157

γ_1 - Correlation value of the variables parenting styles and perceived stress.

γ_2 - Correlation value of the variables parenting styles and expectancy for success.

RESULTS

From the above table 4.1 the mean value of parenting style is 735.2, mean value of perceived stress is 17.42 and mean value of expectancy for success is 95.32. From the table 4.2 the value of correlation between parenting styles and perceived stress is -0.01 and the value of correlation between parenting styles and expectancy for success is +0.0157.

DISCUSSION

The aim of the study was to analyse how parenting relates to expectancy for success and perceived stress of the subject. A parenting style is psychological construct representing standard strategies that parents use in their child rearing. Difference in parenting strategies has relation with how teenagers perceive stress, their expectancy for success etc.

The inferential statistical method used to analyse the data is correlation analysis. Correlation coefficient is the statistical value that helps us to know whether there exists a positive or negative relation between the perceived stress and parenting style and secondly, parenting style and expectancy for success.

From the table 4.2, the Correlation value obtained for parenting and perceived stress depicts that there is only a very low negative correlation between those two variables. The obtained correlation value between parenting and expectancy for success depicts a low positive correlation between these variables.

From the table 4.2, it is seen that there is a negative correlation between parenting and perceived stress. The higher score in parenting scale depicts that the parents are perceived to be high in acceptance, moralism and discipline by the teenagers. Parental acceptance implies an attitude of love for the child and brings a positive attitude towards the teenager's idea, worthiness and capability of oneself. Thus for teenagers whose perception score of her/his parents on the dichotomous modes of parenting is high is seen to be having less perceived stress. And for teenagers, who perceive their parents to be neglecting and careless, scored less in parenting scores and high in perceived stress.

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From table 4.2 it shows that there exist a positive correlation between parenting and expectancy for success. It was seen that the respondents who were scored with high parenting score had high expectancy for success in their life. It shows the significance effect of effective parenting in our lives. Instead of pressing the children to come up with high success in each step in their lives a caring, responsible parent who is at the same time authoritative can contribute so much to the integral growth and development of an individual. Since teen age is a period of great transition and change parents who are the role models and guiding stars certainly can lead and guide their children to efficient and effective personalities.

CONCLUSION

From the above result and discussion, it is found that there exists a negative correlation between parenting and perceived stress and also there exists a positive correlation between parenting and expectancy for success among teenagers. Thus it is pertinent to note that the parenting plays a critical role in the upbringing of the offspring where a positive expectancy can result a vibrant society and in turn will help in developing a just and proud nation.

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The Relationship between coping Strategies, Perfectionism, Beliefs Pain and the Chronic Pain after Controlling the Age Effects in Firefighters

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ABSTRACT

Stress is perhaps the most common pain with which we are faced. None of other physical symptoms are general as pain. Accordingly, since the beginning of the recorded history, trying to control the pain has been the main goal of human beings. The present study examined the relationship between coping strategies, perfectionism, pain beliefs, and chronic pain among firefighters suffering from chronic pain after controlling the age factor. The study employed a descriptive-correlational method to examine 405 firefighters suffering from chronic pain. The sample was selected by multistage cluster sampling method. The participants completed the chronic pain, coping strategies, perfectionism, and pain beliefs questionnaires. Data were analyzed by Pearson's correlation and partial correlation. There was a significant positive relationship between firefighters' age and the duration of pain, chronic pain disorder severity, emotion-focused coping strategies, pain beliefs and maladaptive perfectionism. Moreover, there was a significant negative relationship between firefighters' age and problem-focused coping strategies and adaptive perfectionism. After controlling the age factor, high levels of pain duration and chronic pain disorder severity were related to high levels of emotion-focused coping strategies, maladaptive perfectionism, pain beliefs and low levels of problem-focused coping strategies and adaptive perfectionism. Zero-order correlation revealed that, the age of subjects had little impact on the strength of the relationships between the variables of the duration of pain and chronic pain disorder severity. The results indicated that, participants' age had little impact on the strength of the relationship between the variables. It implies that young firefighters have urgent need for psychological interventions pertinent to the chronic pain for reducing chronic pain disorder severity and its duration.

Keywords: *coping strategies, perfectionism, pain beliefs, chronic pain disorder.*

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Chronic pain is more than a physical symptom. As the pain continues, patient's activity reduces which leads to depressed mood and physical reconditioning. Patient continues the treatment in order to eliminate pain. Unsuccessful treating efforts for eliminating the pain cause more despair and depression. As a result of intensified depression they may lose their interest in doing their everyday tasks. This phenomenon in its turn increases the lack of physical fitness. Additionally, due to the continuity of inefficient treatments which are mostly of passive nature, as well as the continuity of the therapist concerns focused on pain elimination, not only patient's destructive beliefs (e.g., expecting to find a solution from outside) are reinforced but also the patient is stunted by having an active role through their rehabilitation process. Moreover, some pharmaceutical treatments may add more problems to the individual's main problem. For instance, side effects of drugs (e.g., anti-pains, sedatives, antidepressants, and anti-inflammatory) prescribed for pain killing and pertinent matters could be noted. As the pain goes on, the individual may lose their job or savings; and their family may suffer due to the effects of pain and feebleness on the person's life (Turk and Monarch; 2002). Coping is the patient's effort to eliminate or reduce stressful stimulus in order to adapt to a situation. Generally, there are some distinctions between problem-focused and emotion-focused coping strategies. In the realm of pain, the aim of problem-focused coping strategies is to solve the problem of pain or prevent its increase. Studies on these strategies suggest that, they are helpful when used together (Vlaeyen, Crombez, Goubert; 2007). Pain self-control and its effectiveness depend on unique ways through which the patient encounters with and adapts to pain in order to reduce or stop the helplessness caused by it. In other words, pain self-control depends on person's coping strategies. It seems that, coping appears in spontaneous use of voluntary and purposeful actions, and can be evaluated by overt and covert behaviors. Overt coping strategies are resting, using medication, and relaxing. Covert strategies include not paying attention to pain, assuring oneself of the end of pain, looking for information about the pain and solutions. It should be noted that, the strategies the patient uses are not just adaptive or maladaptive in all the circumstances. It is assumed that, coping strategies change both the individual's perception of pain and their ability to control or to endure it and to continue daily routines (Turk and Monarch; 2002).

Perfectionism is one of the variables studied as a multidimensional structure in recent decades. In fact, perfectionism is an irrational belief people have about themselves and their surroundings. Perfectionists believe that, they and their surrounding world must be perfect and every effort in life must be flawless. They usually expect to be expelled by others and are afraid of it. With this fear, they become defensive to being criticized by others. Therefore, they make people frustrated and send them away. Without knowing, perfectionists expect others to have the same extremely unrealistic standards and are thus expectant and critical of others. Furthermore, they may not let others become aware of their mistakes. They do not understand that, self-disclosure gives them an opportunity of being loved and be looked at as a human being. Due to this vicious circle, perfectionist people often have problem with close relationships and therefore are less satisfied with their interactions. An important aspect of human development is their socialization process. Social living is essential in human beings and so being in touch with other people is inevitable. Positive perfectionism refers to those perceptions and behaviors aimed for the success and high achievements in order to gain positive outcomes. Negative

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perfectionism refers to perceptions and behaviors aimed for the success and high achievement in order to avoid or escape from negative outcomes (Slade and Owens; 1998). Beliefs related to pain are judgments that interpret pain (Lazarus and Folkman; 1984). Beliefs are cognitive configurations that are formed either individually or through a common culture. These beliefs form person's experiences and learning, and cover all of their experiences about the pain. Pain evaluation and belief can deeply affect patient's emotions and behaviors in their response to pain. Therefore, constant and persistent pain should not be considered only as a resultant of mere physical or mental problems, but as a combination of bio-medical, psychological and behavioral factors leading to pain and its consequences. Scientific findings corroborate the idea that pain is a phenomenon consisting of biopsychosocial symptoms (Turk and Monarch; 2002).

A futuristic study by Iman, Walter and Jeffrey (1993), on first experience of backache in New York firefighters led to the following result: 109 were selected randomly out of 115 firefighters and were tested from December 1988 to 1989. After controlling the effective factors (e.g., out of work activities), dangerous high risk factors that may cause backache in firefighters included taking the hose into the building, climbing ladder, breaking window, looking for hidden fires in the accident location, and lifting up things that weigh more than 18 kilograms. Factors with lower risk included attaching the hose to the pump, pulling hose, working with drill machine, and being exposed to the smoke of flammable substances. This experiment was conducted in a controlled situation, and evidently, both being dispatched to the accident place and being present at the scene can increase the probability of backache. It is worth mentioning that, firefighters' fire injuries reported to National Fire Incident Reporting System (NFIRS) from 2006 to 2008 estimated that, 81070 injuries occurred during these years. 39715 of them happened during the fire, and 4880 while returning to the station. According to these reports .41 of the injuries were related to upper and lower extremities and .26 were related to head and shoulders (Topical Fire Report Series). It shows that, firefighters are exposed to high physical dangers. Despite the significance of the issue, little attention has been paid to the examination of chronic pain and understanding its general features considering personality traits among firefighters in Iran. Therefore, carrying out such research along with other interventions is essential.

METHOD AND MATERIALS

Participants were 405 firefighters selected through cluster sampling from Tehran's firefighters. First, using cluster method, Tehran's fire stations were divided into four boroughs: North, South, East, and West and then two areas were randomly chosen. Then again, 20 stations were selected using cluster sampling with varying probabilities method. The study employed a descriptive-correlational method. 33.8% of the participants were 23-29 years old, 57% were 30-39, and 9.17% were 40-49. Age average and standard deviation were 31.85 and 6.93, respectively. 49.9% of the participants were Fars people, 43.5% were Azerbaijani people, 1.5% were from Lorestan, 3.2% were Kurdish, 1.5% were Arab people, and .5% were Baloch people. 58.3% of them had high school education, and 41.7% had higher education. Also, 77.3% of the firefighters were married, and 22.7% were single. Among the studied sample, 4% suffered from chronic pain disorder stage 1, 3% suffered from chronic pain

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disorder stage 2, 25.2% suffered from chronic pain disorder stage 3, and 67.9% had no specific problem regarding chronic pain disorder.

FOR THIS RESEARCH FOUR INVENTORIES HAD BEEN USED

Chronic Pain Inventory: This inventory is designed by Asghari Moghaddam (1995) in Iran (according to Pouladi, 2006), and has been used in several studies on Iranian patients suffering from chronic pain. The inventory has 58 items which diagnoses and finds cases suffering from chronic pain as well as evaluating different aspects of chronic pain. In this inventory, items for categorizing chronic pain disorder severity are combined with items for case finding of chronic pain, identifying factors such as pain severity, pain location, pain continuity, disability related to pain, pain record, and the amount of visiting made to medical centers and using sanitation facilities. Therefore, by doing this inventory not only individuals suffering from chronic pain can be identified but also it is possible to access to the categorization of chronic pain disorder severity. In a study, Asghari Moghaddam, Karami, and Rezaee (2002) used the research data in order to calculate the coefficient of internal consistency of grading chronic pain inventory. The result indicated that, the mentioned inventory had a good coefficient of internal consistency (Cronbach's alpha coefficient =.83). For validity of the test, some criteria were designed and the correlation coefficient between the criteria and chronic pain inventory was $r=.86$ ($p<.001$). In the present study, the correlation coefficient between the total score and the subscales of pain severity, pain feebleness severity, and total feebleness severity were .95, .97, and .97 respectively. Coefficient of Cronbach's alpha for the whole scale was .93.

Coping Responses Inventory (CRI): To evaluate coping strategies, coping responses inventory by Blings and Moose (1981) was used. It has 32 items of problem-focused and emotion-focused copings. Blings and Moose (1981) made this inventory to study how people respond to the stressful events. Therefore, participants are asked to remember a recent crisis or stressful event and answer the items accordingly. The scoring is as follows: participants must choose how much they use coping responses based on Likert scale including never =0, sometimes =1, often =2, and always=3. As mentioned, they get a score between 0 and 3 based on the chosen answer. The sum of passive coping strategies is subtracted from the total sum of active coping strategies (passive scores are subtracted from total active scores). If the result is a high score, the individual's coping strategies are more active, and if the result is a low score, the individual's coping strategies are more passive. Blings and Moose (1981) calculated the reliability coefficient of .78 based on Cronbach's alpha and validity of internal consistency of .44 to .80 for the two subscales. Also, they reported a content validity of .88 for the inventory. Also, (Rabbani Bavojdan and et al, 2012) found a coefficient of .71 for total score by Cronbach's alpha for a sample of 354 people, and .79 for problem-focused strategy subscale, and .78 for emotion-focused strategy subscale. In the present study, the calculated coefficient of Cronbach's alpha for the whole scale, emotion-focused and problem-focused coping strategies are .81, .92, and .87, respectively.

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Hill Perfectionism Scale (2004):Hill perfectionism scale has 59 items and 8 subscales. The total score of perfectionism is sum score of 8 factors. Adaptive aspect of perfectionism includes order and organizing, purposefulness, trying to be excellent, and high expectations from others. Maladaptive aspect of perfectionism consists of perceived pressures from parents; need to be approved by others, focusing on mistakes and obsessive rumination. Items are scored by Likert scale from strongly disagree =1 to strongly agree =5. Hill and his colleagues calculated coefficient of internal consistency retest of this scale from .71 to .91. This scale was validated in Iran by Jamshidi et al. They calculated a reliability coefficient of .90 based on Cronbach's alpha. In the present study, coefficient of Cronbach's alpha was .87 for the whole scale, .98 for adaptive perfectionism, and .94 for maladaptive perfectionism.

Pain Beliefs and Perception Inventory (PBPI):This inventory is designed by Williams and Thorn (1981), and used in several studies as a measure for evaluating pain beliefs about non-cancerous chronic pains (DeGood and Tait; 2001). It has 16 items and each is score on 4-point Likert scale. The participant is also asked to read the items carefully and reply to each by choosing either “strongly agree”, “agree”, “disagree”, and “strongly disagree”. Scoring is as follows: for items 1, 2, 5, 6, 7, 8, 10, 11, 14, 13, and 16 score 2 is given to strongly agree, 1 to agree, -1 to disagree, and -2 to strongly disagree. For items 3, 9, 12, and 15 score -2 is given to strongly agree, -1 to agree, 1 to disagree, and 2 to strongly disagree. Sum score of items 5, 9, 12, and 15 is the score of belief in continuity of pain in future. Sum score of items 7, 11, and 13 is the score of belief in self-recrimination. Sum score of items 3, 6, 10, and 16 is score of belief in stability of pain in present time. Sum score of items 1, 2, 8, and 14 is the score of belief in mysteriousness of pain. It should be noted that, higher score indicates individual's deeper belief in the matter. Psychometric features of the inventory were confirmed through a sample of 232 suffering from cancerous pains (Asghari et al, 2006). In this present study, coefficients of internal consistency of four factors varied from .70 to .77 and it was acceptable. In the present study, the calculated Cronbach's alpha for the belief in the continuity of pain in the future, belief in self-recrimination, belief in the mysteriousness of pain, and belief in the stability of pain in the present are .84, .88, .88, and .86, respectively.

After the approval of Tehran Firefighting and Safety Services Organization, the researchers went to every chosen fire station. They explained the purpose and significance of the research to the leader of each station, acquired the permission to interview and distribute the inventories. Finally, after a primary interview with every firefighter, they were asked to take their time, read the inventories carefully and respond to them. The gathered data were analyzed via SPSS.

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RESULTS AND FINDINGS

Table 1 reports the mean and standard deviation of examined variables. In table 2 and 4 Pearson correlation is provided, and table 3 and 5 provide coefficient of partial correlation of examined variables after controlling the age factor, severity of chronic pain disorder, pain records, and significance level.

Table 1- descriptive statistics of the examined variables

Variables	Average	SD	Max. Score	Min. Score	Total
Chronic pain disorder severity	.85	1.3065	3	0	405
Pain records (in month)	17.597	27.3019	185	6	405
Belief in continuity of pain in future	9.1679	2.2867	15	3	405
Belief in self-recrimination	7.0790	2.31305	11	3	405
Belief in stability of pain in present time	9.6074	2.73797	16	6	405
Belief in mysteriousness of pain	9.6864	1.67626	16	4	405
Emotion-focused coping strategies	37.0741	7.39343	54	20	405
Problem-focused coping strategies	31.9728	4.70220	41	19	405
Adaptive aspect of perfectionism	85.8988	34.7092	140	32	405
No adaptive aspect of perfectionism	91.3679	26.0785	145	43	405
Age	31.5827	5.04349	49	23	405

Table 2- Pearson correlation matrix of coping strategies, perfectionism, chronic pain disorder severity, and pain records

Variables	1	2	3	4	5	6	7
1.Chronic pain disorder severity							
2.Pain records	.889**	1					
3.Emotion-focused strategies	.583**	.573**	1				
4.Problem-focused strategies	-.660**	-.598**	-.506**	1			
5.Adaptive perfectionism	-.524**	-.511**	-.411**	.391**	1		
6.Maladaptive perfectionism	.681**	.699**	.388**	-.451**	-.544**	1	
7.Age	.329**	.337**	.261**	-.237**	-.154*	.190**	1

**p<.001 *p<.05

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Table 3- partial correlation matrix of coping strategies, perfectionism, chronic pain disorder severity, and pain records after age control

Variables	1	2	3	4	5	6
1. Chronic pain disorder severity	1					
2. Pain records	.875**	1				
3. Emotion-focused strategies	.545**	.534**	1			
4. Adaptive perfectionism	-.634**	-.566**	-.473**	1		
5. Adaptive perfectionism	-.507**	-.494**	-.389**	.369**	1	
6. Maladaptive perfectionism	.667**	.687**	.357**	-.425**	-.531**	1

**p<.001

Table 4- Pearson correlation matrix of pain beliefs, chronic pain disorder severity, and pain records

Variables	1	2	3	4	5	6	7
1. Chronic pain disorder severity	1						
2. Pain records	.889**	1					
3. belief in continuity of pain in future	.614**	.580**	1				
4. belief in stability of pain in present time	.570**	.554**	.480**	1			
5. belief in self-recrimination	.596**	.586**	.304**	.353**	1		
6. belief in mysteriousness of pain	.695**	.586**	.434**	.356**	.434**	1	
7. Age	.329**	.337**	.185**	.183**	.178**	.155**	1

**p<.001

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Table 5- coefficient of partial correlation of pain beliefs, chronic pain disorder severity, and pain records, and age control

Variables	1	2	3	4	5	6
1. Chronic pain disorder severity	1					
2. Pain records	.875**	1				
3. belief in continuity of pain in future	.596**	.560**	1			
4. belief in stability of pain in present time	.549**	.532**	.461**	1		
5. belief in self-recrimination	.578**	.568**	.280**	.332**	1	
6. belief in mysteriousness of pain	.690**	.574**	.417**	.338**	.418**	1

**p<.001

Partial correlation is used to examine the relationship among emotion-focused coping strategies, problem-focused strategies, adaptive and maladaptive perfectionism, chronic pain disorder severity and pain records (in month). As seen in Table 3, there is a significant relationship between all the variables after controlling the age. Results in Table 2 suggest that, there is a positive significant relationship between firefighters' age and chronic pain disorder severity, pain record, emotion-focused coping strategies and maladaptive perfectionism. In addition, a negative significant relationship was observed between age and problem-focused coping strategies and adaptive perfectionism. According to table 3, it can be concluded that, after controlling firefighters' age factor, high levels of pain records and severity of chronic pain disorder are related to high levels of emotion-focused coping strategies and maladaptive perfectionism, and low levels of problem-focused strategies and adaptive perfectionism. Also, partial correlation is used to examine the relationship between pain beliefs, severity of chronic pain disorder, and pain record (in month). The results are shown in table 5 and suggest that firefighters' age has little influence on the relationship between beliefs and perceptions of pain, chronic pain disorder severity, and pain records. Finally, high levels of pain records and chronic pain disorder severity are related to high levels of pain beliefs. Study of zero-order correlation indicates that, participants' age has little influence on the strength of the relationship between the variables, pain records, and chronic pain disorder severity.

DISCUSSION AND CONCLUSION

Main purpose of this research was to study the relationship between coping strategies, perfectionism, pain beliefs, and chronic pain after age control. Zero-order correlation suggested that, participants' age had little influence on the strength of the relationship between the variables, pain records, and chronic pain disorder severity. According to the research findings, emotion-focused coping strategies had a positive significant correlation with chronic pain disorder severity and pain records (in month). In addition, there was a negative significant correlation between problem-focused coping strategies, pain records, and

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chronic pain disorder severity. This finding was consistent with other research findings such as (Vlaeyen, Crombez, Goubert; 2007). In order to clarify the above findings, it can be referred to the definition of coping by Vlaeyen, Crombez, and Goubert (2007) as an effort that one makes in order to adapt to a situation and to eliminate or reduce the stressful stimulus. Also, to shed more light on the present research, result of the research by Carroll, Mercado, Cassidy and Cjte (2002), can be referred to, in which they suggest that, in the realm of pain management, active coping strategies can increase individual's power of coping that leads to fewer feebleness reports. Because after learning cognitive-behavioral elements, patients reevaluate pain more often; and through learning problem solving skills they solve problems in a better organized way. The results also indicated that, adaptive perfectionism had a negative significant relationship with chronic pain disorder severity and pain records; and maladaptive perfectionism had a positive significant relationship with chronic pain disorder severity and pain records. This result was consistent with the findings of different studies like Domingues (2009). As mentioned earlier, positive perfectionism refers to those perceptions and behaviors aimed for the success and high achievements in order to gain positive outcomes; and negative perfectionism refers to the perceptions and behaviors aimed for the success and high achievement in order to avoid or escape from negative outcomes (Slade and Owens; 1998). Findings suggested a strong positive correlation ($p < .001$) between pain belief (belief in continuity of pain in future, belief in self-recrimination, belief in pain stability in present, and belief in mysteriousness of pain), chronic pain disorder severity, and pain records. High levels of pain beliefs were related to high levels of chronic pain disorder severity and longer pain records. In other words, the stronger patients' pain beliefs are, the more chronic pain disorder severity they perceive and the longer the pain record is. Significance of pain beliefs for successful adaptation with pain is shown in several studies as Williams, Thorn (1989). As the studies suggest, even when real pain and its duration is stable, beliefs in the continuity of pain leads to more pain complain (Williams, Thorn; 1989). Also, other studies have found that, pain beliefs are shaped during individual's life experiences and learning, and cover all their pain experiences. Pain beliefs and evaluation can deeply affect their emotions and behaviors in responding to pain. If pain symptoms are interpreted as threat and it is also believed that, pain is accompanied by tissue damage, patient responds with more intensity and shows escape and avoidance behavior. Pain evaluation and pain belief are important determinants in patient's adaptation of chronic pain (Turner, Jensen and Romano; 2000). Also, as mentioned before, zero-order correlation suggested participants' age had little influence on the strength of relationship between the variables and chronic pain disorder severity and pain records. However, due to the nature of this research, causal interpretation of the relation between the variables was not possible. Although, the result indicated that, age had little influence on the strength of the relation between the variables. Considering the young majority of firefighters, the importance of psychological interventions pertinent to chronic pain is obvious, and more studies in this area are essential. Practical and theoretical outcomes of this study are as following: in theoretical outcomes, these findings increase psychological knowledge of effective elements in the development of physical diseases and their continuity. Moreover, identifying personality traits of people suffering from chronic pain could help them know themselves better. In practical outcomes, considering the increase in treatment duration and its high cost for the person, Firefighting Organization, society, and Health system, identifying effective elements and using suitable training such as training programs for enhancing mental

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health and using effective psychological treatments along with common therapies could help the prevention, prognosis, and recovery. According to the biopsychosocial models which underline the state of being ill as a process of complicated interaction among biological, psychological and social variables, pain exerts multidimensional effects on patient's life; and effective adaptation requires compliance of all aspects of life with pain experience. Therefore, change in psychological factors accompanied in pain experience can decrease limiting effects of pain in patient's life. Finally, limitations of the population and type of research bring up some restrictions in the generalization of the findings and causal interpretation of the relationship between the variables. Since this research has used inventories and short non-structured interview, using structured interviews in future studies is suggested. Also, since the population of the study was Tehran firefighters, it is suggested that, future studies examine other populations. One should be careful in the generalization of the results, because the participants in this study were firefighters. It is suggested to use common treatments as cognitive-behavioral, psychotherapy and other psychological treatments the effect of psychological functions on chronic pain disorder severity, in order to deepen the understanding of the issue.

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Validate the Use of College Self Efficacy Inventory for Measuring Psychosocial Factors on Indian Students

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ABSTRACT

The purpose of this study was to apply the College Self-Efficacy Inventory (CSEI) scale to measure the social and psychological factors on Indian students. The major research question of the study is to answer whether the CSEI scale fit the data. The sample of the study is 141 in BBA and B.Com (H) first year in affiliated college of Guru Gobind Singh Indraprastha University Delhi. Path analysis has been used in the study to examine the interrelationship between course-roommate-social self-efficacy. To analyse the data correlation, CFI, RMSEA, Cronbach alpha, regression weights, Durbin – Watson test etc. has been used. The study found affirmative steps in collecting validity evidence for the CSEI scale as well as found significant inter - relationship between course-roommate-social self-efficacy of Indian undergraduate students. It has been also found that CSEI scale can be used to measure college self- efficacy for the broader college experience of Indian students.

Keywords: *Self – efficacy, CSEI, students, Path analysis, relationship*

College student adjustment process has been gaining importance in order to increase the satisfaction level of the students due to increasing complexities of the environment. The process has been explored in different contexts such as social, academic, motivational, psychosocial, and personality. One specific construct that has received considerable interest in the domain of college student adjustment is self-efficacy to organize and execute courses of action required to attain designated types of performances (Bandura, 1986, p. 391).

It has been suggested that self-efficacy is important to not only the academic and social adjustment of students but to their overall wellness and personal adjustment as well (e.g., DeWitz & Walsh, 2002; Gore, 2006; Solberg & Villareal, 1997). Self-efficacy is viewed as a person's perception of his or her capabilities to attain a specific goal or task (Bandura, 1993, 2000).

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Self-efficacy, rooted in Bandura's social-cognitive theory (Bandura, 1986), is related to a number of educational and psychological constructs. As stated by socio-cognitive theory, efficacy beliefs coupled with goal systems are able to strengthen motivation and performance through increasing effort or persistence (Bandura, 2001) and higher level of self-efficacy equates with embarking on higher levels of goals over time (Locke & Latham, 1990).

Self-efficacy progresses in stages when an individual moves on through life's various phases (Azar & Fatemeh, 2014). The first stage of self-efficacy development is within the student's family environment and its progress continues with age because of being exposed to models and the sense of progress which derives from mastery experiences. Peers also exert vulnerable effect on the individuals' efficacy beliefs (Bandura, 1986). In case of reassessing their competence, children's self-perceptions may shift while going through a developmental process (Marsh, Craven, & Debus, 1999, Yeung, Lau, & Nie, 2011).

Self-efficacy has been linked to motivational constructs such as persistence and goals/goal setting (e.g., Multon, Brown, & Lent, 1991; Schunk & Ertmer, 1999), the use of strategies such as self-regulated learning (e.g., Pintrich & DeGroot, 1990), actual achievement (e.g., Pajares & Miller, 1995), and affective constructs such as stress and distress and anxiety (e.g., Finney & Schraw, 2003; Solberg & Villareal, 1997). One important character of self-efficacy is that it is domain specific; that is, self-efficacy judgments are specific to certain tasks in certain situations (Bandura, 1977, 1986, 1997). Researchers have shown the strongest link between self-efficacy and outcomes when the specificity of the efficacy assessment and the criterion matches (Choi, 2005; Pajares & Miller, 1995).

Self-efficacy has been studied within a variety of specific domains such as academic, social, career, clinical, athletics, and health areas (Bandura, 1997). Self-efficacy in the academic domain has been widely studied with college students with college-aged populations because both are integral components of the college experience. Self-efficacy results were significantly related to hope level in education systems (Davidson et al., 2012). A gender study on college students suggest that perceived self-efficacy must be taken into consideration (Chavez et al., 2014). It has been found that academic achievements can be enhance by increasing their self- efficacy through applying training methods and enriching educational environments (Jahanian & Mahjoubi, 2013). Recently, a new domain of self-efficacy beliefs has been proposed for the college student: that of college self-efficacy. College self- efficacy is the degree of confidence students have for completing college-related tasks (Barry & Finney, 2007).

Few scales have been developed to measure general self- efficacy like academic Self-Confidence subscale of the Student Readiness Inventory (ASC; Le, Casillas, Robbins, & Langley, 2005) and the College Academic Self-efficacy Scale (CASES; Owen & Froman, 1988) are the examples of general measures. The CSEI was developed (Solberg et al.1993) in order to understand the role

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of self-efficacy in the college adjustment. The college self-efficacy inventory was first developed to understand the role of self-efficacy in the process of college adjustment (Solberg et al. 1993). College self-efficacy inventory scale (CSEI) has been applied to establish a retention strategy for freshmen African American males and revealed that it is associated with student's academic success. Social self-efficacy, Roommate self-efficacy and course self-efficacy were three psychosocial factors that were analyzed and found that these factors have been associated with student's academic success and retention (Dauvell, 2013).

PURPOSE OF THE STUDY:

The major research question of the study is to answer "Does the CSEI scale fit the data?" The other purpose of the study was to examine the interrelationship between course self-efficacy, roommate self-efficacy and social self-efficacy with undergraduate students. The goal was to understand the applicability of College Self efficacy Inventory Scale (CSEI) on students. From the previous studies, it has been found that CSEI is applied with Turkish students, Hispanic students, African American etc. but not yet examined specifically with Indian students. This study could be helpful in measuring and understanding the psychosocial factors of the Indian student. The focus of research was to assess college self-efficacy, or "the degree of confidence students have in their ability to successfully perform a variety of college-related tasks" (Solberg, 1993). The CSEI would be used to measure self-efficacy for the broader college experience.

RESEARCH METHODOLOGY

The study has used CSEI scale to measure the college self-efficacy which was developed by Solberg (Solberg et al., 1998). The study specified three psychosocial factors: Course Efficacy, Roommate Efficacy, and Social Efficacy. The scale consisted of 20 items with three broad categories: course self-efficacy, roommate self-efficacy and social self-efficacy. Course self-efficacy consists of 7 items (e.g., "Participate in class discussion"). Roommate self-efficacy consists of 4 items (e.g., "Get along with others you live with"). Social self-efficacy consists of 9 items. Both the Roommate and Social subscales were social in nature, but the Roommate items were more specific to social interactions with those you live with, whereas the Social items were largely specific to social interactions in the classroom or with university staff. CSEI instrument is 10 point scale to rate the confidence. This three-factor model has received some support throughout the literature (Gore et al., 2006; Solberg et al., 1993).

CSEI data were collected from 156 undergraduate students. Cases with incomplete data and duplicate cases were removed to yield a total sample of 141. All undergraduate students are studying in BBA and B.Com (H) first year in affiliated college of Guru Gobind Singh Indraprastha University Delhi. Convenient sampling method has been used for data collection.

To analyze the data Amos 22 and SPSS 22 software were used. Path analysis has been done in the study to examine the interrelationship between course-roommate-social self-efficacy. The

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correlations among the 20 items of CSEI scale have been calculated. To understand the applicability of College Self efficacy Inventory Scale (CSEI) on India students model fit has been investigated. Comparative fit index, Root Mean Square Error of Approximation, Goodness of fit index and CMIN (minimum sample discrepancy) have been analyzed to check the model fit in the sample. Standard regression weights have been computed to check the factor loading of each item. Durbin Watson statistics used to check the problem of auto correlation among items in data. Other statistics like Mahalanobis distance (Multi- collinearity problem), Cronbach alpha (reliability of CSEI scale) etc. have been calculated to examine the sample data.

RESULTS AND ANALYSIS

Correlation has been analyzed to measure the strength and direction of the linear relationship between 20 items. The study found (Table 1) that course self-efficacy (item 1/item 4) is strongly and positively correlated (0.715/0.712) to social self-efficacy (item 8/item 6). Course self-efficacy (item 2) is highly correlated with course self- efficacy (item 3) but moderately correlated with roommate and social self-efficacy. Course self-efficacy (item 3/item 6) is strongly correlated with one of the item of each factors of course-roommate-social (0.719-0.720-0.746-0.717/0.720-0.746-0.717). This item “Do well in your exams” is the most important parameter of college self-efficacy of the first year students. Course self -efficacy (item 5) is highly correlated with course self- efficacy (item 6) and social self -efficacy (item 1). Course self -efficacy (item 7) and Roommate self – efficacy (item 2) is moderately correlated with all other 19 items. Roommate self- efficacy (item 1) is directly correlated with social factors (0.729/0.705/ 0.712). Roommate self –efficacy (item 3) is strongly correlated with both course (item 3 & item 6) and social factors (item 1 & item 8). Roommate self –efficacy (item 4) is poorly correlated with other factors. All items of social self-efficacy are inter-correlated with each other {example: social self- efficacy item 6 is positively and strongly correlated with social self-efficacy item 5 (0.702) and item 7 (0.710) }. The study shows that the 20 items taken in CSEI scale have positive correlation among them (Table 1).

The analysis shows that interrelationship between courses self -efficacy factor with roommate as well as social self- efficacy factor is positively strong. The study also found that all the three factors are strongly and positively inter-correlated (Table 2).

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Table 1: Correlation Matrix

CORRELATION Matrix B/W 20 Items																				
ITEMS	CSE1	CSE2	CSE3	CSE4	CSE5	CSE6	CSE7	RSE1	RSE2	RSE3	RSE4	SSE1	SSE2	SSE3	SSE4	SSE5	SSE6	SSE7	SSE8	SSE9
CSE1	1.000	.637	.615	.553	.557	.620	.515	.613	.475	.649	.451	.587	.497	.673	.565	.516	.547	.572	.715	.618
CSE2	.637	1.000	.719	.602	.571	.539	.536	.610	.590	.666	.565	.612	.477	.646	.538	.494	.465	.579	.651	.560
CSE3	.615	.719	1.000	.610	.680	.720	.679	.694	.674	.746	.588	.717	.579	.582	.488	.617	.626	.625	.600	.616
CSE4	.553	.602	.610	1.000	.541	.651	.618	.696	.539	.669	.365	.571	.591	.564	.465	.545	.712	.590	.496	.506
CSE5	.557	.571	.680	.541	1.000	.734	.578	.688	.643	.681	.481	.779	.497	.610	.572	.555	.516	.563	.577	.557
CSE6	.620	.539	.720	.651	.734	1.000	.692	.676	.592	.746	.479	.717	.627	.568	.532	.595	.670	.557	.558	.556
CSE7	.515	.536	.679	.618	.578	.692	1.000	.634	.523	.688	.323	.680	.696	.509	.470	.598	.697	.622	.474	.483
RSE1	.613	.610	.694	.696	.688	.676	.634	1.000	.590	.676	.518	.729	.680	.608	.508	.649	.705	.712	.629	.639
RSE2	.475	.590	.674	.539	.643	.592	.523	.590	1.000	.638	.618	.614	.486	.520	.446	.516	.522	.563	.515	.558
RSE3	.649	.666	.746	.669	.681	.746	.688	.676	.638	1.000	.468	.772	.659	.661	.634	.621	.669	.571	.717	.645
RSE4	.451	.565	.588	.365	.481	.479	.323	.518	.618	.468	1.000	.441	.279	.432	.445	.404	.331	.377	.447	.495
SSE1	.587	.612	.717	.571	.779	.717	.680	.729	.614	.772	.441	1.000	.596	.644	.508	.656	.600	.650	.666	.617
SSE2	.497	.477	.579	.591	.497	.627	.696	.680	.486	.659	.279	.596	1.000	.477	.547	.604	.772	.650	.447	.571
SSE3	.673	.646	.582	.564	.610	.568	.509	.608	.520	.661	.432	.644	.477	1.000	.640	.526	.495	.577	.760	.562
SSE4	.565	.538	.488	.465	.572	.532	.470	.508	.446	.634	.445	.508	.547	.640	1.000	.496	.496	.487	.546	.511
SSE5	.516	.494	.617	.545	.555	.595	.598	.649	.516	.621	.404	.656	.604	.526	.496	1.000	.702	.647	.640	.667
SSE6	.547	.465	.626	.712	.516	.670	.697	.705	.522	.669	.331	.600	.772	.495	.496	.702	1.000	.710	.518	.607
SSE7	.572	.579	.625	.590	.563	.557	.622	.712	.563	.571	.377	.650	.650	.577	.487	.647	.710	1.000	.615	.751
SSE8	.715	.651	.600	.496	.577	.558	.474	.629	.515	.717	.447	.666	.447	.760	.546	.640	.518	.615	1.000	.692
SSE9	.618	.560	.616	.506	.557	.556	.483	.639	.558	.645	.495	.617	.571	.562	.511	.667	.607	.751	.692	1.000

Table 2: Inter Correlation Matrix

Inter Correlations b/w three factors	
	Estimate
CSE <--> RSE	1.013
RSE <--> SSE	.962
CSE <--> SSE	.962

The internal consistency reliability of CSEI scale on the given sample is examined by Cronbach's Alpha coefficient. Cronbach alpha reliability coefficient normally ranges from 0 to 1. In the sample value of alpha coefficient is 0.966 (closer to 1) which indicates higher internal consistency of the items in CSEI scale.

To analyze the research question is whether the specified model is supported by the sample data, CMIN (Normed Chi-Square), Root Mean Square Error of Approximation (RMSEA) and

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Comparative Fit Index (CFI) has been calculated. The value of RMSEA in the study is 0.00 which indicates a close fit of the model in relation to the degrees of freedom (rule of thumb: <0.05). Comparative Fit Index value is 0.85 which is closer to 1 which indicates that CSEI scale has good fit on the sample data. CMIN (Normed Chi-Square) value is 3.213 which lies in the range from 1 to 5 that proved the model fit of data (Table 3).

Table 3: Model Fit Criteria

Model Fit Parameters	Results	Interpretation
RMSEA	0.00	Value less than 0.05 indicates a good model fit
CFI	0.85	Value closer to 1 reflects a good model fit
CMIN	3.213	Value Less than 1.0 is a poor model fit, More than 5.0 indicates a need for improvement

Path analysis (figure 1) has been done to explain the interrelationship between the college self-efficacy scale factors. Standardized regression weights (Table 4) have been used to compare direct effect on the given course-roommate-social factors in a single group study. Table 4 shows that all the 20 items of CSEI scale are greater than 0.5 which indicates none of the item is insignificant in the data. Result indicates that there is no need to remove any item of CSEI Scale (rule of thumb: Factor loading < 0.5 – remove that factor).

Table 4: Standardized Regression Weights

	Estimate
CSE1 <--- CSE	.751
CSE2 <--- CSE	.844
CSE3 <--- CSE	.716
CSE4 <--- CSE	.759
CSE5 <--- CSE	.786
CSE6 <--- CSE	.802
CSE7 <--- CSE	.786
RSE4 <--- RSE	.777
RSE3 <--- RSE	.767
RSE2 <--- RSE	.661
RSE1 <--- RSE	.747
SSE9 <--- SSE	.735
SSE8 <--- SSE	.861

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	Estimate
SSE7 <--- SSE	.566
SSE6 <--- SSE	.880
SSE5 <--- SSE	.780
SSE4 <--- SSE	.841
SSE3 <--- SSE	.802
SSE2 <--- SSE	.848
SSE1 <--- SSE	.736

In the study Mahalanobis distance (Table 5) has been examined to check the problem of multi-collinearity and Durbin –Watson (Table 5) has been calculated to detect the problem of auto-correlation in the data. The study found that there is a significant problem of multi-collinearity (89.54) but the problem of auto- correlation (1.956) has not been found. R- Square value 0.834 (Table 5) which demonstrate the proportion of total variation of outcomes explained by the model. It specifies how well the data fit in a statistical model.

Table 5: Estimates

R-Square	Adjusted R-Square	Sig. F-Change	Durbin-Watson	Maha. Distance
0.834	0.806	0.000	1.956	89.54

CONCLUSIONS

The current study has made favorable steps in collecting validity evidence for the CSEI scale on Indian students and delivers a better understanding of this measure. However building the case for validity for a particular instrument is a never ending process (e.g. Benson, 1998), and additional work is required. The current study concludes that the CSEI scale fit the data appropriately. There is significant interrelationship between course-roommate-social self-efficacy of Indian undergraduate students. It is found that scale is applicable for Indian students also. Study also explains that psychological factors needs to be understood with first year students for college self-efficacy.

In precise, it is important to reconsider the conceptualization of the college self-efficacy to make sure that all the dimensions of the college experience are effectively signified. There are other factors which influence the college experience e.g. motivation, goal choices, experiences got from family and social comparison, perception etc.

The study has not compared the scale based upon the gender differences. The study has not examined the college self-efficacy as a predictor of academic success. The study also found the problem of multi – collinearity in the data. It could be due to the repetition of same kind of items in the scale or factors are highly correlated to each other (Table 2). The study concludes that the degree of confidence of Indian students can be measured through social self-efficacy, course

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self-efficacy and roommate self-efficacy. The future researcher can explore that academic success can be achieved through enhancing self-efficacy.

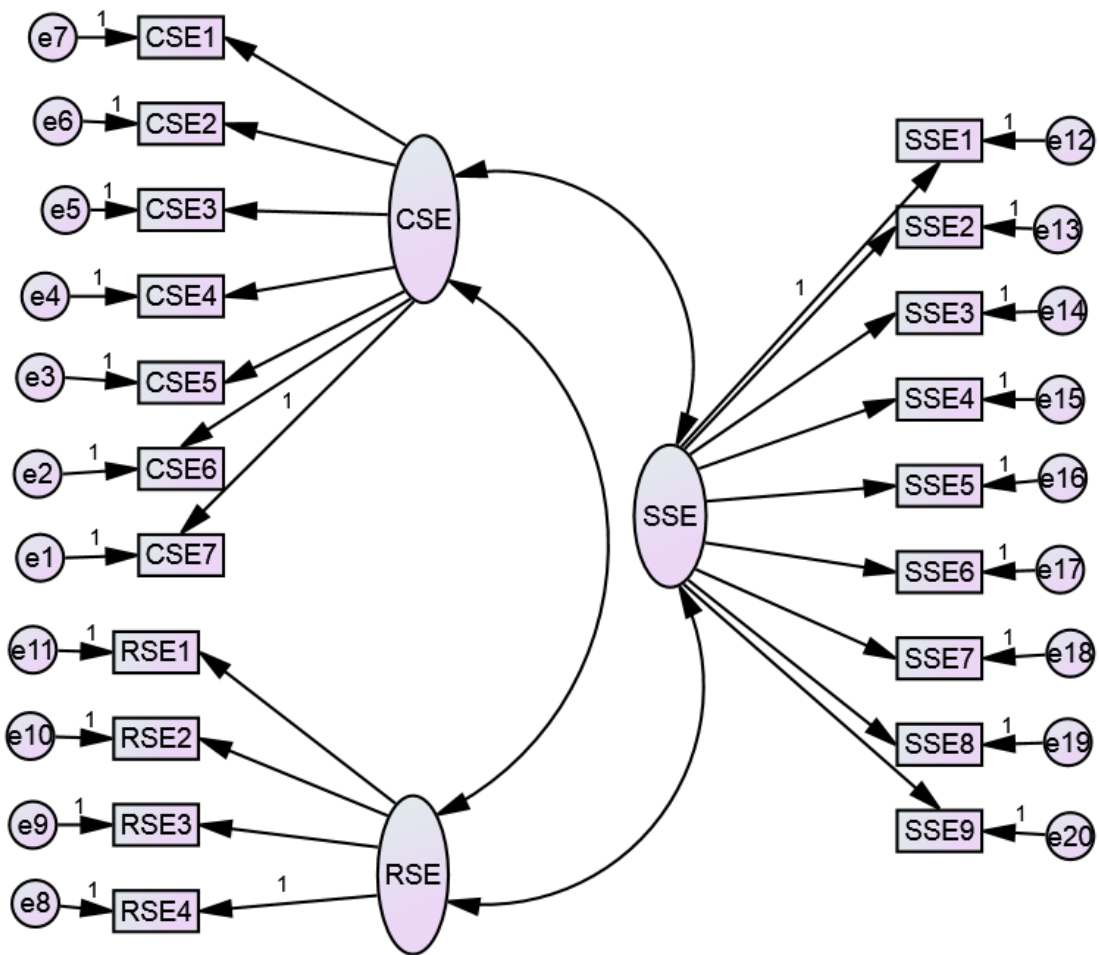


Figure 1: Path Analysis Diagram

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The Relationship between Quality of Sleep and Geographical Directions during Sleeping Process

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ABSTRACT

Objectives: Sleep has been one of God's most precious blessings since human's existence and it is vital for both body and soul. External and internal factors like age, sex, drug, illness, psychological pressure, job, life style and Earth's magnetic field influence quality of sleep drastically. In this study we tended to find the relationship between geographical direction during sleeping process and quality of sleep.

Methods: In a cross-sectional descriptive study, 200 students from university of Iran, Mazandaran province were selected arbitrarily. After exclusion, based on exclusion criteria, the number of research's samples reached to 153. Tools used regarding collecting data were standard Pittsburg sleep quality inventory (PSQI) in order to assess the quality of the sleep. Symptom Checklist-90-Revised (SCL- 90-R) was used in order to study psychiatric symptoms and an anonymous demographic questionnaire was used to record personal information, filled by individuals. Software Spss17 with chi-square were used for statistical analysis procedure.

Results: 30.7%(47cases) slept in north-south direction, 22.8%(35) in south north, 26.2%(40) in east west and 20.3%(31) in west east. Among PSQI sleep scales, there was a strong relationship between difficulties in falling asleep with geographical directions of sleep ($p < 0.001$). No significant relationship between sleep directions and other scales has been found.

Conclusion: Considering the high prevalence of sleep difficulties and strong relationship between geographical directions and quality of sleep. With respect to this study, sleep in north-south position can be advised to improve sleep quality and it necessary in order to maintain sleep hygiene.

Keywords: *Geographical sleep directions - PSQI- Quality of sleep*

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As long as human existence, sleep and the nature of its intriguing process has been a mystery. The duration and quality of sleep is under the influence of external and internal factors like age, sex, drugs, disease, physical, psychological and social factors. There are some other factors like job, life events and earth's magnetic field, which can affect sleep quality and its recurrence (1).

Although sleep appears to be a passive and restful time, it actually involves a highly active and well-scripted interplay of brain circuits, resulting in sleep's various stages.

(2) Sleep deprivation may affect cognition, behavior and speech. (3). Sleep disturbance may be part of many psychiatric disorders (4). Hormonal changes during menstrual cycle, pregnancy and menopause can be influential on sleeping process (5). Drop of sleep is one of the most prevalent complaints (6). Dysomnias are disturbing phenomenon arising in 3rd and 4th stages of sleep (7). Earth's magnetic field is one of the environmental reasons, which affect sleeping quality (8). Sometimes migration of some species of birds and animals completely depends on the earth's magnetic field (9). Interactions between sunlight and earth's magnetic field may be also effective (10). The effect of the magnetic field on REM Latency has been widely studied (11). There are only few studies about earth's magnetic field and the quality of sleep in the academic literatures. That's why this study is considered to be one of the few studies that had been conducted in this area. The question that we intended to answer was as follow: Is there any relationship between sleep quality and geographical directions during sleep?

MATERIALS AND METHODS

In this cross-sectional descriptive study, 200 undergraduate students in Iran, Mazandaran province were selected randomly in order to determine the relationship between geographical directions during sleep and sleep quality. After exclusion, based on exclusion criteria, the number of research's samples reached to 153. Exclusion criteria of cases were those who during previous month of the study: experienced major physical disorder, consumption of sleeping/Psychiatrics drugs, OTC (over the counter) drugs, pregnant or breast-feeder and had no diagnosed psychiatric disorder and the diagnosis of former group was based on scale of Symptoms Checklist-90-Revised (SCL-90-R). Psychological pressures caused by the exam as confounding variable excluded by doing the study in the non-exam season. Pittsburg sleep quality inventory (PSQI) and SCL- 90- R and also an anonymous questionnaire for demographic information were given to examinees and themselves completed them after explanation about the research process and obtaining an informed consent. Those who participated in this study did not have major change in their living location and geographical direction of sleep previous month of the study. The direction was head to foot. If someone's head was toward north and his feet toward south, it was considered to be North-South and so on. Sub groups were categorized with regard to the closeness to one of the main direction. PSQI assesses the attitude toward quality of sleep, included the time when individuals tend to go to bed, awakening time, drop off, the duration of a good sleep, general self description of sleep and the amount of daily drowsiness (12) . In Iran, Tehran psychiatry institute assessed the validity and reliability of the Farsi version of this questionnaire with 89.6% for sensitivity and 86.5% for specificity (13). The sum of the

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grades have been 0-21 and cutting point was 5, means higher scores shows bad quality of sleep (14).

SCL- 90-R includes 90 questions for psychiatric symptoms assessment. Introduced by lipman and cuvay in 1973, it has scales in the field of physical complaints, obsession-compulsion, mutual relations, depression, anxiety, aggression, phobia, paranoia and psychosis (15). In Iran, Noorbala, Yazdi and his colleagues examined and confirmed the validity and reliability of SCL-90-R (16). Data assessed by X^2 test and analyzed by using SPSS16 software and ANOVA methods.

RESULTS

According to demographic questionnaire and based on exclusion criteria to remove some confounding variables, those who experienced prominent physical disorder (14 samples), hypnotic or psychiatric drug consumption (16 samples), over the counter drug consumption (10 samples), pregnant or breast-feeder were excluded. All samples were chosen from undergraduate students in order to remove job as confounding factor. Total average of age was 22.9 ± 1.1 , the average age of females 22.3 ± 1.4 years, the average age of males $23.1 \pm 1/2$ years. No significant age difference was found ($P > 0.05$). The distribution of geographical direction during sleep and the comparison according to subscales of PSQI is shown in tables 1-8. Except “difficulty falling sleep” no significant relationship between geographical directions with other scales observed.

Table No 1: Geographical direction of sleep

Direction	Number	Percent
N-S†	47	30.7
S-N‡	35	22/8
E-W§	40	26/2
W-E	31	20/3
Total	153	100

† North-south, ‡ South-north, § East-west, || West-east

Table No 2: Comparison the time to go bed scale with geographical direction

Direction	Night. 9-10		Night .11-12		Night .1-2		Night after 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	5	10/6	29	61/7	7	14/9	6	12/8
S-N	5	14/2	18	51/4	6	17/2	6	17/2
E-W	6	15	13	32/5	10	25	11	27/5
W-E	3	9/7	9	29	9	29	10	32/3
Total	19	(12.42)	69(45.10 %)		32(20.92 %)		33(21.57 %)	

$P > 0/05$ $X^2=14.88$

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Table No 3: Comparison the length of time to sleep scale with geographical direction

Direction	10-15 Min		15-30 Min		30-60 Min		More than 1 hour	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	29	61/7	12	25/5	3	6/4	3	6/4
S-N	20	57/2	9	25/7	4	11/4	2	5/7
E-W	20	50	8	20	6	15	6	15
W-E	16	51/6	8	25/8	4	12/9	3	9/7
Total	85(55.56%)		37(24.18%)		17(11.11%)		14(9.15%)	

P> 0/05 $X^2=4.9$

Table No 4: Comparison the awakening time with geographical direction

Direction	Morning 5-6		Morning 6-7		Morning 7-8		Morning 9-10	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	5	10/5	12	25/5	23	49	7	15
S-N	7	20	8	22/8	15	42/8	5	14/4
E-W	4	10	8	20	16	40	12	30
W-E	5	16/2	8	25/8	10	32/2	8	28/8
Total	22(17.38%)		36(23.53%)		64(41.83%)		32(20.92%)	

P> 0/05 $X^2=6.93$

Table No 5: Comparison the real night sleep with geographical direction

Direction	4-5 hours		5-6 hours		6-7 hours		More than 7 hours	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	3	6/4	13	27/6	28	59/6	3	6/4
S-N	3	8/6	15	42/8	12	34/3	5	14/3
E-W	5	12/5	16	40	15	37/5	4	10
W-E	5	16/1	12	38/7	12	38/7	2	6/5
Total	16(10.46%)		56(36.6%)		67(43.79%)		14(9.15%)	

P> 0/05 $X^2=9.09$

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Table No 6: Comparison the difficulty falling asleep with geographical direction

Direction	0=None		1=< 1/week		2=1-2/week		3= >3/week	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	5	10/6	24	51/1	14	29/8	4	8/5
S-N	11	31/5	13	37	7	20	4	11/5
E-W	9	22/5	10	25	10	25	11	27/5
W-E	7	22/6	7	22/6	8	25/8	9	29
Total	32(20.92 %)		54(35.29 %)		39(25.49 %)		28(18.3 %)	

$P < 0.001$ $X^2 = 16.92$ d.f =9

Table No 7: comparison the quality of sleep with geographical direction

Direction	Very good=0		Fairly good=1		Fairly bad=2		Very bad=3	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	15	32	17	36/1	10	21/3	5	10/6
S-N	12	34/3	12	34/3	6	17/1	5	14/3
E-W	11	27/5	8	20	10	25	11	27/5
W-E	9	29	5	16/1	6	19/4	11	35/5
Total	47(30.72 %)		42(27.45 %)		32(20.92 %)		32(20.92 %)	

$P > 0.05$ $X^2 = 12.1$

Table No 8: comparison the daytime drowsiness with geographical direction

Direction	0=None		1=< 1/week		2=1-2/week		3= >3/week	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
N-S	12	25/5	22	48/8	9	19/2	4	8/5
S-N	9	25/7	17	48/6	6	17/1	3	8/6
E-W	9	22/5	18	45	10	25	3	7/5
W-E	10	32/3	12	38/7	6	19/3	3	9/7
Total	40(26.14 %)		69(45.1 %)		31(20.26 %)		13(8.5 %)	

$P > 0.05$ $X^2 = 1.76$

CONCLUSION

In order to study the impact of the geographical directions during sleep on the quality of sleep we conducted this study. There was significant relationship between difficulty of falling asleep and geographical direction ($p < 0.001$), in the north-south sleep direction, the least sleep difficulty

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existed, and in the west- east the most. Similar studies in the area of the effect of the earth's magnetic field on the quality of sleep has not been done, so comparing the results of this study with other researches is not possible. Studies that can be somehow compared to the present study are: Study of Torbjorn and his colleagues and also Tworoger, creating artificial magnetic field, which had no effect on the structure of sleep (15-16). In this study Earth's magnetic field has been effective. Mesquita evaluated the role of stressor on the quality of sleep and concluded that stressors can make Sleep disorder (17). The present study has been conducted out of exams season in order to remove psychological pressure and according to SCL- 90-R, samples who were suffering from anxiety excluded. Chen and also James showed that the level of education could impact on sleep difficulty (18-19). Almost a similar study in this field has been done by Falarigna(222). In our study all the participants were university students, therefore education as a potential interfering factor was removed. Broun studied; type of job on the quality of sleep is important factor (23). In present study, all the participants were students (as a job) so, job's role as an agent excluded, (all courses were full- time) Physical disorder, as an important factor in creating disturbance in quantity and quality of sleep showed by Mc Namara (24). In this study, those had physical problems in recent month were excluded, so we can eliminate this factor. This point worth mentioning again, an exact similar research to this study has not been in the literature so we tried to compare almost similar researches and to remove the confounding variables as much as possible to survey real impact of geographical direction on the quality of sleeping process. Eventually based on the results of this study, sleep in north-south direction, means nearly to the earth's magnetic field direction, is the cause of better quality and less problem of sleep, so it can be recommended to add to sleep hygiene points.

Declaration of interest: None

AUTHORS' CONTRIBUTION:

SMM conceived and designed the study. MA and MBM participated in designing the evaluation, collecting data, performing the statistical analysis and revised the manuscript. JS re-evaluated the data and revised the manuscript. All authors read and approved the final manuscript.

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Psychological Profiling of Prisoners

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ABSTRACT

Introduction: The relation between criminal behavior and different dimensions of personality features were studied extensively and available literature on offenders has described different personality traits observed in them. However very few literature is available on Indian population.

Aim: To find the prominent personality traits, attribution styles used and level of sensation seeking among prisoners.

Method: the study design used was cross-sectional design. 30 offenders from Sabarmati Central Jail were selected using purposive sampling.

Tools: To assess attribution style, personality traits and sensation seeking behavior, following tool were used. Attribution Style Questionnaire, Eysenck's Personality Questionnaire, Brief Sensation Seeking Scale

Result: 43% prisoners scored high on neuroticism trait. 55% prisoners showed extraversion and 60 % females showed neuroticism as a predominant personality trait. 66.67 % prisoners had internal locus of control. 76.67 % prisoners had low level of sensation seeking.

Implication: this study will throw light upon the criminal behavior and personality of prisoners which will be beneficial for future therapy work.

Keywords: *psychological profiling, attribution style, personality traits, sensation seeking behavior, offender*

All countries experience crime and violence which can lead to some of the following situations: countries with high proportions of young men who are killed before they become adults; societies with families who lose a parent or have members in prison, who are living in poverty and without access to support or legitimate sources of income; neighborhoods experiencing gang wars; women who are subjected to violence in their homes, or who are at risk of sexual assault in public spaces; and migrants and minority groups living in dilapidated and isolated areas or informal settlements subject to victimization. Thus we can conclude that crimes come with an enormous price.

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Approximately 5% of the population is responsible for a sizeable portion of the total amount of crime; thus, preventing high-risk individuals from developing into offenders can provide society with significant savings. To track high-risk individuals and tailor prevention programs, risk factors for criminal behavior must be identified. Knowledge about risk factors for criminal behavior can further expand the range of treatment possibilities and increase their effectiveness.

EYSENCK'S THEORY OF CRIMINALITY

The late Hans J. Eysenck, British psychologist, is most well-known for his theory on personality and crime. His theory proposed that 'criminal behavior is the result of an interaction between certain environmental conditions and features of the nervous system'. Followers of his theory believe that each individual offender has a unique neurophysiological makeup that when mixed with a certain environment, therefore, can't help but result to criminality (Bartol et al., 2005). It is important to note that Eysenck was not suggesting that criminals are born, rather that the combination of environment, neurobiological, and personality factors give rise to different types of crimes, and those different personalities were more susceptible to specific criminal activity. It is not criminality that is innate; it is certain peculiarities of the central and autonomic nervous system that react with the environment, with upbringing, and many other environmental factors to increase the probability that a given person would act in a certain antisocial manner (Eysenck & Gudjonsson, 1989). Eysenck shows three main factors for temperament, being extraversion, neuroticism, and psychoticism. In his theory of criminality, Eysenck proposed that personality is linked to criminality through socialization process. In the socialization process, children who act in immature ways for immediate gratification are punished. As a consequence of the punishment they experience anxiety and that anxiety is associated with antisocial behaviour. As a result of this conditioning, a mere thought about behaving antisocially produces anxiety in an individual and thus, the person avoids indulging into such an act.

According to the theory, people who have high level of extraversion and neuroticism trait have nervous system that makes them difficult to condition. Thus, the antisocial impulse in them does not produce anxiety and they are prone to act antisocially if the situation is demanding such an act. A study conducted to evaluate Eysenck's theory showing relationship between Eysenck's personality traits and criminal convictions showed that offenders showed higher Psychoticism and Neuroticism scores but not necessarily higher Extraversion scores (Hollin, 1989).

Sensation Seeking

According to the 'arousal-seeking theory, some people's brains function differently in response to environment stimuli due to variety of genetic and environmental reasons and they try to reach a level of arousal from the environment. If there is not adequate stimulation it results in boredom and eventually anxiety. And this anxiety leads to sensation seeking. This theory also says that sensation seekers are biologically and environmentally prone to engage in deviant activities and to take illicit drugs (Lee, 1996). According to this theory, obtaining thrills and a demonstration of competence are the main crime motivators, usually with little to no economic gain (Katz, 1988). Sensation seeking, as defined by Zuckerman, is a personality trait having a biological basis

that expresses as a need for physiological arousal, novel experience, and a willingness to take social, physical, and financial risks to obtain such arousal (Zuckerman, 1994). Sensation seeking is associated with a variety of illegal and/or risky behaviors such as the use of illicit drugs (Newcomb and McGee, 1991; Palmgreen et al., 2001; Stephenson et al., 2003; Zuckerman M., 1993), sexual risk-taking (Donohew et al., 2000; Hoyle et al., 2000), reckless driving (Heino et al., 1996), smoking (Zuckerman et al., 1990), and alcohol use (Stacy et al., 1993).

Zuckerman predicted that many or all of the kinds of risky activities would be related to impulsive sensation-seeking. He also assessed smoking, drinking, drug use, sex, driving and gambling on separate risk-taking scales related to each particular kind of risky behaviour. He could establish that the six arenas of risk were interrelated, pointing to a concept of generalized risk-taking.

Gender differences in sensation seeking are apparent. According to a study, male subjects were more likely than female subjects to exhibit all different types of delinquent and deviant behavior (Newcomb & McGee, 1991).

LOCUS OF CONTROL

In personality psychology, **locus of control** refers to the extent to which individuals believe they can control events affecting them. Understanding of the concept was developed by Julian B. Rotter in 1954. A person's "locus" (Latin for "place" or "location") is conceptualized as either internal (the person believes they can control their life) or external (meaning they believe their decisions and life are controlled by environmental factors which they cannot influence, or by chance or fate).

There is little guidance in the literature concerning the relationship between criminality and locus of control. However research shows that Offenders who had been physically abused as children were more externally controlled. External locus of control was also found to be related to higher risk of reconviction for future sexual offending and less adjustment among inmates.

It was also found that active offenders and desisting ex-offenders differ in terms of explanatory style; i.e., offenders tend to interpret negative events in their lives as being the product of internal, stable, and global forces (e.g., "That's just the type of person I am, Bad to the bone, Born to lose, etc.) whereas they tend to view positive events in their lives as being the product of external, unstable, and specific causes (i.e., "lucky breaks"). These dimensions of offender cognitions may be useful in understanding the psychological aspects of desistance from crime. It also suggests an interesting, possible relationship between explanatory style and criminal desistance. First, negative-internal attributions are associated with persisting in criminal behavior. Someone might be less able to desist to the extent that negative events are seen as originating from internal sources ("This is just the way I am")—especially when these are stable ("I've always been this way") and global ("I fail at everything I do, no matter where I go")

characteristics. One might speculate, therefore, that the more individuals are able to attribute positive life events to broad, long-lasting personal qualities (e.g., “Because I am a worthy individual”), the greater the odds may be that they will be able to stay crime free (S. Maruna, 2004).

The research that follows will investigate the relation between criminal behavior and different dimensions of personality features. The study aims to find the psychological profiling of prisoners which includes personality traits, locus of control used and levels of sensation seeking.

METHODOLOGY

Objective: The objectives of this study were as follows

- To find out prominent personality traits among prisoners.
- To find out prominent locus of control among prisoners.
- To find out the level of sensation seeking among prisoners

Research design: Cross-Sectional research design was used in this study.

Sample: Through purposive sampling method, total of 30 inmates were included in this study. This sample consisted of 20 male prisoners and 10 female prisoners. Mean age of the participants was 41 years. The participants were taken from Sabarmati Central Jail, Ahmedabad. Participants who could read and write were included in this study and those who were illiterates were excluded from the study.

Measures: Each participant was given 3 scales to measure their personality traits, locus of control and sensation seeking trait.

Personality trait was measured using Eysenck Personality Questionnaire (EPQ). It consisted of total 90 items. This instrument is designed to measure three major dimensions of personality, namely psychoticism, neuroticism, and extraversion. It also gives measure of lie scale. Subscales of the EPQ-R have displayed acceptable levels of internal consistency reliability for example, reliability estimates ranging from .89 to .91 for Extraversion, from .84 to .86 for Neuroticism, and from .67 to .68 for Psychoticism.

Locus of control was measured using Rotter's Locus of Control Scale. It is a 29 items forced choice questionnaire. This tool identifies whether an individual has an internal or external locus of control. Test-retest reliability of the scale was .61.

Sensation seeking was measured using shortened version of Zuckerman's scale. It is a 13 items forced choice questionnaire. This scale measures whether an individual has high or low level of sensation seeking.

Statistical analysis: Results were analyzed using descriptive statistics. Percentages were calculated.

Psychological Profiling of Prisoners

Procedure: Participants who were willing to participate in the study were first given consent from and a demographic data sheet. They, then were given the all the questionnaires to fill.

RESULTS

	Males	Females	Both
Psychoticism	10 %	40%	20%
Neuroticism	35%	60%	44%
Extraversion	55%	0%	36%
Lie Score	100%	90%	96.67%

Table 1: Percentage of prisoners exhibiting 3 personality traits

44 % of all the prisoners showed neuroticism as the predominant personality trait. It was followed by extraversion (36%) and psychoticism (20%). Among males, 55% prisoners scored high on extraversion trait, followed by neuroticism (35% and psychoticism (10%). 60% females also showed neuroticism as the predominant personality trait. Remaining 40 % of the females scored high on psychoticism. No female obtained high score on extraversion.

When scored lie scale it was found that all except one prisoner, showed elevated scores on lie scale.

	Males	Females	Both
Internal LOC	55%	60%	66.67%
External LOC	45%	40%	33.33%

Table 2: Percentage of prisoners exhibiting internal and external locus of control

66.67 % of all the prisoners showed internal locus of control. The same pattern was also observed in males and females separately. 55 % males and 40 % females had internal locus of control.

	Males	Females	Both
High Sensation Seeking	30%	10%	23.33%
Low Sensation Seeking	70%	90%	76.67%

Table 3: Percentage of prisoners exhibiting high and low sensation seeking trait

When reviewed sensation seeking trait, it was found that 76.67 % of all the prisoners showed low level of sensation seeking. When scored separately, it was observed that 70% males and 90% females scored low on sensation seeking trait.

DISCUSSION

On personality assessment neuroticism was found to be the predominant trait among all the prisoners. Male prisoners showed extraversion as the predominant personality trait. People who score high on extraversion usually tend to be sociable, active, impulsive, uninhibited and sensation seekers. They prefer excitement and often act on spur of the moments. A person can be impulsive and sensation seeker without being a prisoner however these traits have been identified as a risk factor for being a criminal. Females also showed neuroticism as predominant personality traits. People with elevated scores on neuroticism generally are anxious, depressed and react strongly to aversive stimuli.

Previous researches on personality traits have shown that prisoners tend to score high on all the three dimensions that is neuroticism, psychoticism and extraversion compared to normal population. However current study has examined the predominant personality trait among the prisoners. According to previous studies, women obtain higher means than men on neuroticism and men obtained higher means than women on extraversion (Lynn & Martin, 1997). As suggested by previous research, females are more neurotic in nature and they are more prone to mood and anxiety disorders. The current study has also shown the similar personality pattern among female prisoners.

Apart from the three dimensions, all except one, showed elevated scores on lie scale. This shows the tendency to give socially desirable answers. As most of the prisoners were not habitual criminals, they might have given socially desirable answers to avoid negative attention and present themselves in more favorable light. However due to high lie score, the results need to be treated in a cautious way.

Majority of the prisoners (66.67%), both males (55%) and females (60%), showed internal locus of control. Previous research has shown that active offenders were observed to interpret negative events in their lives as being the product of internal, stable, and global forces and good events were the product of external, unstable and specific causes (Maruna, 2004). Thus current results can be explained in the light of this previous study. However, more studies considering all the aspects of attribution style can give a more detailed picture.

When reviewed the sensation seeking trait, it was found that most of the prisoners showed low level of sensation seeking. Previous researches have consistently shown a relationship between high levels of sensation seeking with risky behaviours. A study has also found that measures of impulsivity and sensation seeking in male preschoolers are the best available predictors of delinquency at age 13. In the current study most of the prisoners were of middle age (35-55 years) which could have resulted in low levels of sensation seeking. Also, all the males and many of the females were in jail for more than 5 years. Thus it is possible that years spent in jail might have affected their sensation seeking behaviour. Apart from these, another aspect is the nature of the crime. Most of the criminals assessed had committed murder. Murder mostly is a situational

crime and it may not induce high level of sensation seeking. A similar study on different kinds of crimes could have given different results. A longitudinal study found that 33% of the serious delinquents were low sensation seekers with dull-normal intelligence, suggesting that low sensation seekers can also be involved in delinquency too (Gatzke-Kopp et.al., 2002). It is also possible that instead of involving into various sensation seeking activities, such as skydive, bungee jump, race cars, and adventure safaris, their kicks might just be criminal in nature. Also the nature of sensation seeking may differ from one culture to another. In India the nature and level of sensation seeking may not match with that in other countries due to social and cultural differences.

CONCLUSION

Among the prisoners, neuroticism was found to be the most predominant trait; however males showed extraversion as the predominant personality trait. Majority of the inmates showed internal locus of control and showed low sensation seeking trait.

FUTURE DIRECTION

Future studies in this area can focus on larger sample size and in depth exploration of various factors. A comparative study with non-offenders can prove comprehensive. Among the prisoners, neuroticism was found to be the most predominant trait; however males showed extraversion as the predominant personality trait. Majority of the inmates showed internal locus of control and showed low sensation seeking trait.

IMPLICATION

Different psychological factors such as personality, locus of control and sensation seeking have an effect on a person's behaviour. Thus findings of this study can help to make a prevention plan as well as rehabilitation module for prisoners.

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Psychological Well-Being in Student of Gender Difference

Miss. Sana Akhter¹

ABSTRACT

The aim of the present study was investigated to psychology well-being of gender Difference. The random sampling Method was used in this study. The total sample consisted 100 students. 50 of male and 50 of female of 10th standard students selected from the Jamshedpur city. Ryff's scales of psychological well-being scale developed by Carol Ryff (1989) was used to measure the psychological well-being. In this research psychological well-being Inventory was used for data collection Data was analyzed by 't' test verify the hypothesis. The result shows that 't' value is 5.68 that is significant at 0.01 level. So, the hypothesis is accepted. Results showed significant gender differences in the levels on psychological well-being. It means male and female students are difference in psychological well-being.

Keywords: *Psychological well-being, Student, Gender Difference.*

Few people doubt that happiness is very important. Starting at least with the Ancient Greeks, the concept continues to be subject of unremitting debate. Surely such debate would not start if people generally felt the issue did not matter. Since happiness captures and continues to capture the interest of so many people, philosophers and many others debating the concept have long yearned for a way to measure happiness. PWB is not the same as happiness although the terms are in-use synonymously. PWB is a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction.

Psychological well-being has been defined as "engagement with existential challenges of life (Keyes, Shmotkin, & Ryff 2002, p. 1007) and in this vein is arguably best represented by Ryff's (1989) conception of the six factors of PWB. To clarify psychological well-being and its measurement, Ryff (1989) developed a theoretically derived multidimensional scale, which intergraded a number of different perspectives within one measurement model. The Ryff measure taps 6 core dimension of psychological well-being that are common to the mental-health, clinical, and life-course developmental theories of positive psychological functioning.

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These 6 dimensions are: self-acceptance, or positive attitudes toward oneself; positive relation with others, including the ability to achieve close union with others; autonomy, including qualities of self-determination, independence, and the regulation of behavior from within; environmental mastery, with is the individual's ability to engage in, and manage, activities in one's surrounding world; purpose in life, including the beliefs that give one the feeling that there is purpose in and meaning of life; and personal growth, which represents one's continual development and striving to realize one's potential to grow and expand as a person.

Having a positive psychological well-being (PWB) is crucial for successfully navigating a new environment, engaging in meaningful relationships, and realizing one's fullest potential throughout one's lifespan (Allport, 1961; Erickson, 1959; Maslow, 1968; 5 Rogers, 1961; Ryff, 1989). Ryff's(1989a,1989b) multidimensional psychological wellbeing model examines six constructs identified and defined as follows:

- *Self-acceptance reflects a positive evaluation of self and past life experiences (Ryff& Keyes, 1995).*
- *Positive relations with others emphasize the importance of trusting, satisfying interpersonal relationships with others (Rogers, 1961).*
- *Autonomy refers to an individual having an internal locus of evaluation and not looking to others for approval, but using personal standards for evaluating self (Rogers, 1961).*
- *Environmental mastery is the capacity to choose and manage effectively environments suitable to their strengths (Ryff, 1989).*
- *Purpose in life is predicated on the belief that life has meaning and purpose.*
- *Personal growth is having continued development, as characterized by self-actualization (Maslow, 1968; Ryff& Keyes, 1995; Van Dierendonck, 2003).*

PSYCHOLOGICAL WELL-BEING AMONG GENDER

Gender differences do exist because of biological and psychological differences. The level of satisfaction with life among males and females can differ. When these differences interact with organizational environment or situations they can lead to different outcomes. The differences could be because of comfortable and better personal/family life, good interpersonal relationships (both in workplace and outside), effective communications skills and also certain other factors like more leniency towards female employees, better facilities, lower expectations and ambitions than the male employees.

Gender differences in Psychological well-being are important because of the many efforts being made in contemporary society to empower all individuals to achieve self-actualisation and utilise their full potential. In a post-feminist context this incorporates the idea of an “equal opportunities” society; yet social stereotypes still remain (Connors, 1990; Eagly, 1987; Turner & Sterk, 1994). All people are equal but not identical, and the possible differences between people need to be considered in order to empower all individuals to achieve self-actualisation

and to fulfil their potential (thereby promoting optimal psychological well-being), whilst being offered equal opportunities. Current studies on the existence of gender differences, including those related to psychological well-being reflect contradictory result and a distinct lack of consensus (Ryff & Singer, 1998, Strumpfer, 1995). Based on their own literature studies and qualitative experiences, Crose et al (1992) believe that gender differences do exist in almost every aspect of health and health care. In a Taiwanese study, Lu (2000) discovered gender differences while examining conjugal congruence on role experiences and subjective well-being. Inglehart (2002) finds that in almost every society, men have higher incomes, more prestigious jobs and more authority than women--all links with relatively high levels of subjective well-being. So women show low level of happiness than men. Research supports that men and women have similar levels of happiness and overall life satisfaction. Gender related differences on psychological well-being supports the notion that males tend to score higher on psychological well-being indicators in comparison to females. In a study by Carmel, it was found that women scored lower than men on psychological indicators of well-being (as cited in Carmel & Nigavekar 2007).

PSYCHOLOGICAL WELL-BEING IN STUDENTS

Well-being is a concept that encompasses a well-rounded, balanced, and comprehensive experience of life. It includes health in social, physical, mental, emotional, career, and spiritual domains. Social support is a construct included in two studies about psychological well-being of university students. First, Aydın (1999) conducted a research of which one of the aims was to find out the relationship between how university students perceive the social support and their psychological well-being. Researcher concluded that social support, which is provided by family, did not have a significant effect on psychological well-being of university students in their first semester whereas social support provided by friends had a low but significant effect on psychological well-being. Then, Gençöz and Özlale (2004) also studied the effects of social support to psychological well-being of university students and concluded that “appreciation-related social support had a direct effect on psychological well-being” (p. 449). Ryff proposed that the prior theories of positive functioning research served as the theoretical foundation for Ryff’s multi-dimensional model of well-being. Over the last two decades, the Ryff Scales have been used in numerous empirical studies, that include research on work (Black, 1990), relocation (Ryff & Essex, 1992), personality and wellbeing (Schmutte & Ryff, 1997), and enhancing the ability of talented students to improve their potential (Jin & Moon, 2006; Moon, 2003). In addition, the Ryff model has been used to examine college students’ level of depression, value system, and perfectionism (Chang, 2006; Kitamura, Matsuoka, Miura, & Yamaba, 2004; Sheldon, 2005).

Kitamura, Matsuoka, Miura, and Yamaba (2004), tested the theoretical model of psychological well-being with 574 Japanese university students. They found a factor 25 structure similar to Ryff’s original model. Depression and anxiety correlated only moderately with scores on some

subscales of the inventory, which suggested the relative independence of these dimensions of psychological well-being and negative affectivity.

When the researchers controlled for negative affectivity, earlier life experiences were significantly linked with psychological well-being (Kitamura et al, 2004). Sheldon (2005) examined whether 109 (18 men and 91 women) graduating seniors adopted healthier values as they matriculated through college. Intrinsic (community, intimacy, and growth) and extrinsic (money, popularity, and appearance) values were defined using Kasser and Ryan's (1993, 1996, 2001) distinction. The study revealed that graduating seniors shifted away from extrinsic to more intrinsic values when compared to their freshman year scores. Graduating seniors with the greatest intrinsic value shifts also reported greater increases in psychological well-being over their college career (Ryff & Keyes, 1995).

Chang (2006) examined the relationship between perfectionism, stress, and psychological well-being mediated the relationship between perfectionism and autonomy, environmental mastery, and purpose in life; and greater stress was associated with lower psychological well-being. As stress increases, overall adjustment decreases, making students more susceptible to social and psychological problems and poor academic performance (Wintre & Yaffe, 2000). The above studies showed that psychological well-being can directly influence students' levels of depression, value systems, and perfectionism. It was reported that students' psychological well-being was negatively related to these areas. For instance, as students experienced more stress, their level of psychological well-being decreased.

Ryff's model involves the individual's perception of engagement given the existential challenges of life (Keyes, Shmotkin, & Ryff, 2002). The level of student engagement and involvement determine their cognitive and social development; with the greatest gains transpiring when students actively experience a supportive and mutually reinforcing higher education environment (Milem et al., 2005). Ryff's model of well-being was selected for this research because of its convergence and operationalization of prior positive functioning theories from a theoretical to an empirical level (Fernandes, Vasconcelos-Raposo, & Teixeira, 2010) and its relevance to the optimization of student potential (Moon, 2003) and because its role in academia has been studied. Barnes, Potter, and Fiedler's (1983) research indicated that stress has a predictive relationship to academic task performance, and high expectations and pressures of a new academic environment increase student anxiety (Cooke, Beewick, Barkham, Bradley, & Audin, 2006; Price, McLeod, Gleich, & Hand, 2006; Wong, Cheung, Chan, Ma, & Tang, 2006). Environmental stress significantly inversely relates to academic performance and impairs the performance of less academically gifted students or students who struggle to adjust to the higher education environment (Barnes et al., 1983; McCann & Meen, 1984). Higher education concerns about students' environmental mastery, self-acceptance, positive relations with others, and autonomy further establish the Ryff model as the appropriate model will be used in this study.

RELATED STUDY:

ShamsulSiddiqui(2015) ‘Gender Differences between Assertiveness and Psychological Well Being among University Students’. The findings of the study was show that, a significant difference was found between Psychological well-being of both Male and Female groups.

METHODOLOGY

Objective-

To compare psychological well-being of male and female students.

Hypotheses-

There will be a significant gender difference on psychological well-being among male and female students.

Variable

Independent

10th standard students at two levers

A1- male students.

A2 -female students.

Depended variable-

To get score on psychological well- being among male and female students.

Sample-

The sample consisted of 100 students. (50 of male and 50 of male of 10th standard students) the sample was selected by random method from Jamshedpur, Jharkhand.

Tools-

In this research psychological well-being questionnaire where used from the data collection. it was constructed and standardized by Ryff `s scales of psychological well-being scale developed by Carol Ryff (1989). The scale consists of 54 items. Which consists a series of statement reflecting the six areas of psychological well-being: self-acceptance, positive relation with others, autonomy, environmental mastery, purpose in life and personal growth. Respondents rate statement on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement. The internal consistency coefficients of the scale between 0.86 and 0.93.

Research Design

10th standard students at two levers

A1 - male students.

A2 - female students.

Psychological Well-Being in Student of Gender Difference

Statistical Method

To verify the research objectives data was analyzed by t-test.

Table:

‘t’ Score of Psychological Well-being among Male and Female Students

Variable	Sample-N	Mean	S.D	‘t’ value	Sig -L
Male	50	50.50	4.55	5.68	P<.01
Female	50	55.90	5.00		

RESULT DISCUSSION-

The main objective of present study was study of psychological well-being among male and female students .in it statistical ‘t’ method Waield Results discussions of present study is as under. The result obtained on the psychology well –being reveals no significant difference of girls and boy students.

Table indicate that mean and standard deviation of male and female for psychological well-being is 50.5, 4.55 and 5.90, 5.00 respectively, which suggest that there is a difference among male and female on the score of psychological well-being, The ‘t’ value of psychological well-being was 5.68. Therefore, these differences are significant for psychological well-being among the male and female students. According to the ‘t’ test the numeric value that we get is 5.68 which is significant at 0.01 level. Therefore the hypotheses that there is significant difference between male and female in psychological well-being is acceptable, it means there is significant difference in psychological well-being among male and female students.

CONCLUSION

On the basis of the results of this study it can be concluded that there is a statistically significant difference in the psychological well-being among male and female students.

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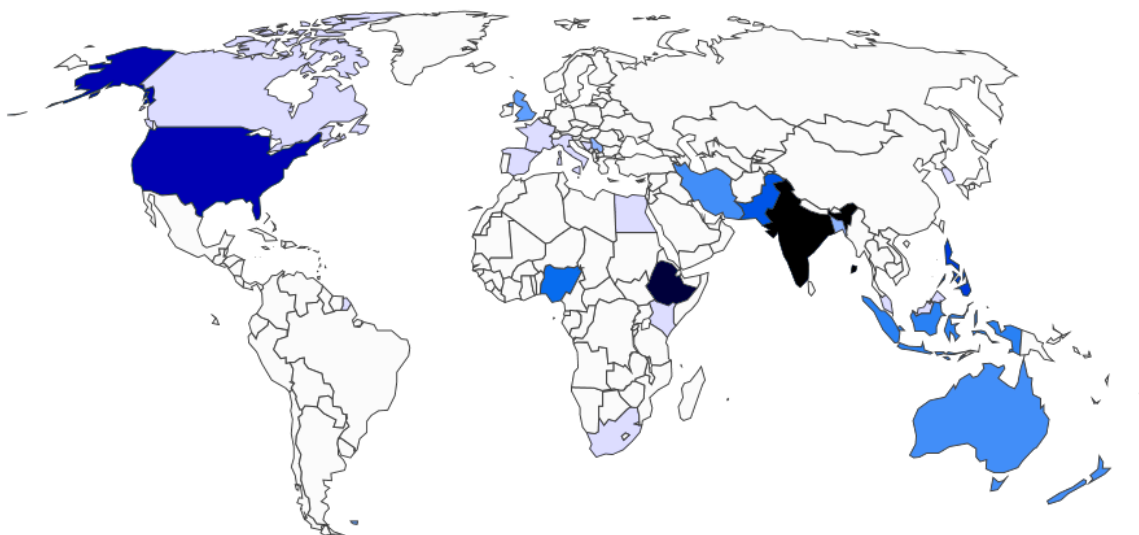
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New Zealand : 4

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USA : 399

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Bosnia and Herzegovina : 1

Malaysia : 3

Spain : 1

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